



DUE DATE:

(All information to be kept in separate, confidential file)

Dates of Trip: \_\_\_\_\_ Nicaragua or Haiti \_\_\_\_\_

Team Leader: \_\_\_\_\_ Body Weight for MFI (Haiti Trip) \_\_\_\_\_

Name: (as it appears on passport) \_\_\_\_\_

Name: (for name tag purposes) \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Traveler's E-Mail: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this your first trip with Project H.O.P.E.? Yes No

Allergies (food, medicine, etc.): \_\_\_\_\_

Medication (name, dosage, times, etc.): \_\_\_\_\_

Physical limitations or other medical information that would be helpful: \_\_\_\_\_

(Use back for additional information)

Primary Medical Insurance

Insurance company: \_\_\_\_\_

Policy or ID number: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

Insurance contact number(s): \_\_\_\_\_

## PROJECT H.O.P.E., INC.

### Mission Trip Acknowledgment, Assumption, Waiver and Release

Please read the following agreement and waiver carefully. It includes a full release of liability and waiver of legal rights, and deprives you of the ability to sue certain parties. By executing this document you acknowledge that you have both read and understood all the provisions of this document.

I, the undersigned, wish to participate in a short-term mission project in the following country conducted under the auspices of Project H.O.P.E., Inc., to-wit:

Nicaragua

Haiti

Other: (please specify) \_\_\_\_\_

By signing this form, I acknowledge, assume and agree as follows:

(1) travel to, from and in the country selected above involves hazards not customarily encountered when traveling in the United States of America. That the above countries are under Travel Advisories from the U.S. Department of State due to crime, civil unrest, limited healthcare availability, arbitrary enforcement of laws, and other significant risks both known and unknown (2) Medical facilities in the country listed above are substandard and that should a medical emergency develop during my trip, it is unlikely that I will receive medical care in the country listed above equivalent to that available in the United States of America. (3) Working conditions in the country listed above are often inferior to conditions in the United States of America. (4) Project H.O.P.E., Inc. does not carry insurance to insure against any of the risks I may encounter in the country listed above, or traveling to or from said country. (5) Project H.O.P.E., Inc. does not have the ability to remove me or my family from this country in the event of civil unrest or natural or manmade disaster.

Given the risks on mission trips, Project H.O.P.E., Inc. reserves the right to cancel or change itineraries, or substitute services without notice.

I understand that I am solely responsible for and assume any and all risk for any and all sums paid to any commercial airline for airline tickets, baggage, or other

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costs and expenses in connection with this mission trip. I am solely and individually responsible to deal with any commercial airline with regard to any and all issues, events or problems associated with said airline tickets, baggage, or other costs and expenses. I acknowledge and agree that Project H.O.P.E., Inc. will not assist me with any issues, events or problems associates with said airline tickets, baggage or other costs and expenses in connection with this mission trip.

Despite all of the foregoing, it is my desire to participate in the mission trip in the country selected above, and I knowingly assume the risks that are involved and release Project H.O.P.E., Inc., its officers, directors, employees and agents, and any and all persons or entities acting on their behalf, directly or indirectly, from any liability for injury, illnesses, losses, death, damage, or harm, causes of action or claims which may occur to my person or property while traveling in connection with this short term mission trip or otherwise participating in this short term mission trip. In the event that I am traveling with a family member who is under the age of eighteen (18) years, I state that I am the parent or guardian and have legal authority to and do on behalf of that minor, knowingly assume on behalf the minor, the risks that are involved and release Project H.O.P.E., Inc., its officers, directors, employees and agents and any and all persons or entities acting on their behalf, directly or indirectly, from any liability for injury, illness, losses, death, damage, or harm, causes of action or claims which may occur to said minor or property while traveling in connection with this project or otherwise participating in this project. The Minor(s) name and ages are as follows:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

I affirm that I am eighteen (18) years of age or older, or the parent/guardian of the participant if under eighteen years of age, and that this Acknowledgment, Assumption, and Release is binding on me and my executor, administrators, and

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heirs. I give Project H.O.P.E., Inc. and its representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such ministry activity, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse Project H.O.P.E., Inc. for all costs and expenses incurred by it with respect to such treatment.

By entering my name below, I assert that I have reviewed, fully understand and agree to all of the waivers, releases and agreements.

X \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This \_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person who executed this document as his/her free act and deed.

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_