

INTERNATIONAL TRAVEL LIABILITY RELEASE FORM

I, _____ (name), understand that...

- Participating in a mission's trip to Haiti is elective and that I could encounter health and/or safety risks as a result of that decision.
- It is my responsibility to assess all of the risks associated with traveling to Haiti and that I am at liberty to change my mind about participating at any time before departing for port-au-Prince. I affirm that I have completed that assessment and have decided to participate in this mission trip
- It is my responsibility to maintain a current knowledge of travel advisories, medical advisories or other risks until my departure and while I am in Haiti.
- It is my responsibility to notify the team leadership if I learn of anything that would alter the risks to others or myself at any time.
- The team leaders, Family Health Ministries cannot predict or prevent me from becoming involved in acts of crime or violence during my trip to Haiti.
- Medical care and medical facilities might not be readily available and that they probably will not meet the standards expected in the United States. To the best of my knowledge my health is good enough to undertake the trip. If I have any question about my health, I will visit my physician and discuss this trip before I go. I understand that I will be traveling to places where little to no health care will be available. In addition, I understand that I may undergo types of exertion that I am not used to, including exercise on steep mountain trails and in the direct heat of the Caribbean sun.

I agree to...

- Act in a responsible way while in Haiti and to follow the directions of the team leadership to minimize risks to myself and other members of the team.
- Release and hold harmless Family Health Ministries and all officers, agents and staff of the organizations for any and all claims and costs due to any liability, injury or damage which might occur as a result of my international experience, associated travel and living arrangement.

Because it could be in my best interests, I agree to...

- Allow the team leadership to release personal information about me to the US State Department or other agencies if they believe that it would be in my best interest.

Signature of mission volunteer

Printed name of mission volunteer

Signature of witness

Date