

New Life for Haiti

Notarized Mission Trip Participant Contract and Release of Liability (PAGE 1 OF 2)

THIS FORM AFFECTS YOUR LEGAL RIGHTS. EACH PARTICIPANT MUST READ THIS FORM CAREFULLY, COMPLETE AND SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC. IF YOU HAVE QUESTIONS ABOUT THE WAIVER OF RIGHTS YOU ARE MAKING IN THIS FORM, YOU SHOULD CONSULT YOUR OWN LEGAL ADVISOR.

Name of Participant: _____

please print

Please read the following items, initial each box; then, sign on the back as an indication that you have read this sheet and agree to its conditions. As used in this form, the term "Mission Trip" refers to the mission trip leaving from _____, _____, on or about _____, 20____, to travel to the Grand Anse River Valley in Haiti. As used in this form, term "Mission Leadership" means the persons organizing this mission trip, LifeSpring Community Church, New Life for Haiti, and all officers, directors, trustees, partners, affiliates, subsidiaries, agents, principals or employees of any of those entities.

* I understand that there are many risks inherent in international travel and mission trip involvement. I have not relied on Mission Leadership to disclose any of these risks to me in order for me to decide to participate in this mission trip. Instead, I have undertaken to learn the risks myself.

* I hereby release and hold harmless the Mission Leadership from all damages, losses, injuries and other hazards, inconveniences and hardships which I may encounter on the Mission Trip.

* I understand that for this Mission Trip to be a success, I must participate as a team player. This means participating in each of the pre-trip preparation and training sessions. It also means that while on the trip I will endeavor to do my best at the tasks for which I have volunteered or have been assigned.

* I understand that the Mission Leadership has obtained group medical insurance covering the persons on the Mission Trip. I acknowledge that I am familiar with the terms of coverage, including exclusions from coverage, and I agree that I am satisfied with its terms. I understand that if I wish to have additional medical insurance coverage, I will obtain that insurance on my own initiative and at my own cost.

* I understand that if I decided to return home early from the Mission Trip for any reason other than a medical emergency covered by the group medical insurance, I will personally be responsible for any additional expenses involved.

* I understand that it is my responsibility to ensure that all the funds needed for the Mission Trip are raised or paid no later than one month prior to the scheduled departure date of our trip.

