

## Mission Trip Participants - Misión Hispana Mission Society

### Release and Waiver of Liability Form for Short Term

I, the undersigned, and/or my minor child will be participating in a short term mission trip to Guatemala (hereafter the "mission trip") on or about \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_. The person going on the mission trip is

me: \_\_\_\_\_ or  my minor child: \_\_\_\_\_.

I/we recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with participation in it. I/we understand and agree that neither Misión Hispana Mission Society, Inc. nor its trustees, officers, directors, employees, agents, volunteers, or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me/us as a result of participation in this mission trip and hereby release Misión Hispana Mission Society, Inc., its trustees, officers, directors, employees, agents, volunteers, and representatives from any injury, harm, damage or death, which may occur while I am/we are participating in the mission trip. To the fullest extent permitted by law, I/we agree to save and hold harmless Misión Hispana Mission Society, Inc., its trustees, officers, directors, employees, agents, volunteers, and representatives from any claim by myself/ourselves, my/our estate, heirs, successors, assigns or other persons arising out of my/our participation in the mission trip. Should part of this agreement be unenforceable, the remaining elements remain in effect.

I/we authorize Misión Hispana Mission Society, Inc. through its trustees, officers, directors, employees, agents, volunteers, or representatives to render or obtain such emergency medical care or treatment for me/us as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I/we understand and acknowledge that Misión Hispana Mission Society, Inc. does not provide health or medical insurance in connection with the mission trip and I/we agree that I/we will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with participation in the mission trip.

I/we further understand that Misión Hispana Mission Society, Inc. does NOT provide chaperone screening, supervisory, or direct chaperone services at any time or at any location. Children remain the complete and total responsibility of your sponsoring church or organization's chaperones and representatives.

The threat of violent crime in Guatemala is rated by the U.S. Department of State as critical. "The Embassy has no reason to believe that U.S. citizens are being specifically targeted, although criminals in Guatemala may assume that U.S. citizens and their relatives have more money than average Guatemalans. It is therefore important that travelers are aware of the potential dangers and follow your church or organization's security procedures at all times. Valuables should be left at home.

I/we agree that the Bible does not allow lawsuits among believers. I/we agree that we are, in fact, New Testament Bible believers and that I/we will settle any disputes arising from this trip through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant (or Parent) and Misión Hispana Mission Society, Inc. cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

You  may or  may not use photos of me or my child on social media, websites, and promotional materials.

Initial: \_\_\_\_\_

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I also recognize that Misión Hispana and its agents and representatives are completely unable to protect me from illness specifically COVID-19.

The situation in Guatemala is constantly changing and it is up to all travelers to maintain their own precautions and information which is provided by the U.S. Embassy in Guatemala and the U.S. Department of State. I also understand that I could be tested, quarantined, treated, or refused entry or exit based on COVID tests. I alone assume all associated expenses for my medical care and/or any obligatory testing.

If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Activity Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the Participant's parent(s) or guardian(s) if the Participant is a minor)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

\*Please submit this form with a copy of the photo page of your passport.

\*Please make sure that your sponsoring church or organization has pertinent information regarding allergies, medical challenges, and/or special needs. They also must have emergency contact information for you and your family.