

**MISSION OF HOPE, HAITI - MEDICAL RELEASE OF LIABILITY AND
RELEASE TO OBTAIN MEDICAL CARE**

I, _____, am participating in the mission trip to Mission of Hope, Haiti _____ through _____ 20____ and I hereby release and discharge Mission of Hope, Haiti and all partnering organizations, agents and employees, as well as local host ministry/organizations from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trip, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals mentioned above.

If I should need medical care during the mission trip, for any reason, I agree to be responsible for taking care of all costs incurred for medical treatment, medications and supplies in Haiti and all transportation expenses home if that becomes necessary. I, hereby, warrant and represent that I am physically fit and capable of taking part in this mission trip.

- I agree to abide by the rules and regulations governing a mission trip and to obey any instructions given by the team leader and Mission of Hope staff members.
- I agree to have all recommended immunizations and antimalarial medication. If I choose to not comply and as a result become ill, I assume full responsibility.
- I authorize the leadership Mission of Hope, Haiti staff to make decisions on my behalf with respect to medical treatment, emergency surgery or hospitalization, should it become necessary.

Do you have any allergies, food or otherwise, that may require medical attention while in Haiti? No _____ Yes, Please explain _____

Do you have any health conditions (like pregnancy) that may warrant a visit to our campus nurses or our medical clinic while you are in Haiti? No _____ Yes, Please explain _____

Failure to disclose pertinent health information can be dangerous to your health and may affect the quality and duration of your trip.

Signature _____ Date _____

Parent or Legal Guardian Name, signature required if applicant is 17 or younger _____

Parent or Legal Guardian Signature _____ Date _____