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

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 that may warrant a visit to our campus nurses or our medical clinic while you are in Haiti? No_____Yes, please explain_____

Is there any possibility you may be pregnant? No Yes

As a precaution, we recommend that any women who are pregnant or think they might be pregnant NOT come to Mission of Hope until further notice due to the potential risk of the Zika virus. Zika virus is a single stranded RNA virus that can be spread to humans by the Aedes aegypti mosquito. In healthy adults and children symptoms are generally mild and include headache, rash, fever, malaise, joint pain, conjunctivitis (red eyes). While the infection is generally mild, it can be very dangerous to a developing fetus and has been linked to microcephaly in babies when the mother is infected with the virus during the first trimester.

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

Date

Signature

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

Parent or Legal Guardian Signature

Date

MISSION OF HOPE, HAITI · P.O. BOX 171500 · AUSTIN, TX 78717 PHONE: 512-256-0835 · INFO@MOHHAITI.ORG · WWW.MOHHAITI.ORG