

MINISTRY TRIP LIABILITY RELEASE

ATTENTION: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

To be completed by applicant if 18 or older or by parent or guardian of applicant if applicant is under 18. this form must be signed, and the original mailed, emailed, or hand delivered to Project Ruth DR. No copies will be accepted.

In consideration of my being accepted by Project Ruth DR for participation on a Ministry/Missions team to

_____ on _____
(Location) (Dates)

I make the representations and undertakings set out below:

I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip. I am aware of, and understand, the current travel guidelines set forth by the United States. I will abide by all airport, and airline requirements for travel and accept responsibility for my actions and behavior.

I understand that international travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/missions travel.

I understand that Project Ruth DR does not carry any insurance, and I acknowledge that Project Ruth DR has advised me that Project Ruth DR does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that Project Ruth DR has recommended that I carry or obtain primary medical insurance to cover possible medical needs including evacuation occurring during this trip and that Project Ruth DR has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care, I might receive.

In consideration of my being permitted to participate as a Project Ruth DR member on the above ministry/mission trip: *(Please initial each paragraph)*

Initials: _____ I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited to the risks and hazards identified above.

Initials: _____ I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Project Ruth DR, its directors, officers, agents, employees, coordinators, facilitators, volunteers, and other team members from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically including but not limited to the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer.

Initials: _____ I agree not to make a claim, file suit or demand anything for any injury, death or loss that arises from my participation in this activity.

Initials: _____ I agree to pay the costs and/or legal expenses incurred by the trip leader(s), organizers and/or participants as a result of any claim or suit filed by me or filed by anyone else as a result of my conduct.

Initials: _____ I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from, my participation.

Initials: _____ I authorize Project Ruth DR to arrange for transportation, food, and lodging for me on this trip as agreed upon. I have made Project Ruth DR aware of any known allergies, food or otherwise.

Initials: _____ I authorize Project Ruth DR to schedule, or otherwise arrange for a Covid test for return travel to the United States, (if still required).

Initials: _____ I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns.

Initials: _____ I understand that I will be in areas with limited, or no, internet connectivity. I will communicate any concerns or issues to my team leader who will act as a liaison between our team and the Project Ruth DR representative(s).

Initials: _____ I understand that it is my responsibility to provide emergency contact information prior to my scheduled trip.

I have read this release carefully, including this page and the prior page. I am aware that I am giving up important legal rights and sign of my own free will. (To be completed by applicant if 18 or older or by parent or guardian of applicant if applicant is under 18.)

Signed: X _____ Date _____

Print Name _____

Full Address _____

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities, and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors, and assigns:

Name of minor child _____

Emergency contact information

Name: _____

Phone number: _____

Email address: _____