



HAITI MISSION TRIP RELEASE and MEDICAL CONSENT FORM

Please read this document carefully and completely before signing.
You must have this form notarized! DO NOT sign this form until you are in front of a notary!

I, _____, acknowledge that there are risks associate with travel to Haiti. I understand that I may participate in and/or be exposed to (but not limited to) the following activities and risk factors in Haiti and am doing so voluntarily and accept complete responsibility for my decision to participate.

- 1) Physical and/or rigorous/challenging activities: hiking, walking, climbing, long periods of sun exposure, long periods of high heat and humidity exposure, rough vehicle conditions, and everything associated with travel in and to a foreign developing country.
- 2) Potentially unsafe conditions you will be exposed to:
 - human health hazards (unsanitary conditions, insects, wild animals unclean water, body fluids);
 - travel hazards (vehicular, motorcycle, poor road conditions, boats, and small plane);
 - physical hazards (mountainous/rocky/uneven terrain, trip/fall hazards);
 - instability and civil disobedience (the government and infrastructure is not predictable)
 - protest that involved road blocks, tear gas, weapons, and can lead to injury and/or death
 - kidnappings do happen in Haiti and no person is exempt from this reality
- 3) Emotional events: extreme poverty, potential violence, potential spiritual warfare, social injustice

By signing this form, I, (or as parent/guardian), do hereby grant and convey to Supply and Multiply, its partners and affiliates, all right, title and interest in any and all photographic images, video and audio made by Supply and Multiply, team members, and/or other relationships during the preparation and during the participation of all mission team activities identified by, or related t this form. This includes, but is not limited to royalties, proceeds, social media promotion, marketing and fundraising, or other benefits derived from such materials. Supply and Multiply cannot be held liable or responsible for any use of photographic images, video and audio that is obtained and used by a Third Person. Third Person means any individual, natural person, or other legal entity or person, other than you. In addition, this also means your relative, your traveling companion, your traveling companion's relative, and any other person, individual or family member with whom you are residing or being hosted.

In the event that any damage should occur to facilities or equipment because of my own negligence or recklessness, I acknowledge and agree to be held liable and fully financially responsible for any and all costs associated with personal actions of neglect or recklessness. This includes hotels and lodging facilities.

I acknowledge that I will be covered under team travel insurance should I need to be medically evacuated from the Haiti Mission Trip and I am subject to its scope of coverage. If I request, prior to travel, I understand I can receive a copy of the policy. In addition, I agree to assume all responsibility for cost not covered by insurance to include the deductible, loss wages from employment, and reunification with family members. In addition, I understand that the insurance obtained by Supply and Multiply may not cover events such as missed flight connections and lost luggage.

Furthermore, I, (or as parent/guardian), for myself and/or the named participant on this form, and on behalf of my estate, heirs, executors and administrators do hereby fully release and discharge Supply and Multiply, including their partners and affiliates, from any and all liabilities, claims, obligations, damages and causes of action whatsoever arising or growing out of my travel and/or participation in the programs of Supply and Multiply. I also understand that I am responsible for all medical bills related to such activity.

Should it be necessary for me to return home due to medical reasons or disciplinary action, I will assume total responsibility for all transportation costs to and from the event. I understand, that as a Supply and Multiply Mission Trip participant, that I am serving at my own risk and that Supply and Multiply is not liable in the event of sickness, injury, accident, theft, acts of God, political uprising, pandemics, terrorist acts, or death.

I, (or as parent/guardian), hereby consent and authorize Supply and Multiply, its partners, affiliates, agents and designees, to authorize any medical treatment deemed necessary while participating in any activity applicable to this form should the named participant be mentally and/or physically incapable of making such a decision.

Participant Full Name: _____

Emergency Contact Person and Relation: _____

Emergency Contact Phone Number: _____

Please list any known allergies (NOT preferences) that you have, including medicine and food:

Please list any known medical conditions that will need accommodation or that the ministry team needs to be aware of: (These include conditions like sleep apnea that will require electricity or diabetes that may require medications to be kept cold.)

My signature indicates that the information that I have provided on this application is true and accurate and that I have read this entire document, have been afforded the opportunity to ask questions, understand it completely, and agree to the conditions and terms stated herein.

SUMMARY RELEASE OF LIABILITY STATEMENT

By signing this form, I agree to participate in the Haiti Mission Trip and agree to release, waive, discharge, covenant not to sue, and to hold Supply and Multiply Inc., Founders and Board Members, all churches represented by my attendance, and employees, agents, or representatives of the above organizations, free from all liabilities, demands, and claims in the event that an accident, injury, sickness, anguish, or death should occur in conjunction with participation in the Haiti Mission Trip. I also agree to grant and convey to Supply and Multiply, its partners and affiliates, all right, title and interest in any and all photographic images, video and audio made by Supply and Multiply, team members, and/or other relationships during the preparation and during the participation of all mission team activities.

Participant Signature:

Printed: _____

Date: _____

Parent/Guardian Signature (under 18yrs):

Printed:

Date: _____

I a Notary Public in and for the City of _____, County of _____ and State of _____, hereby certify that _____, having signed this Mission Trip Release Form, and being known to me (or whose identity has been proven on the basis of satisfactory evidence), acknowledged before me on this day that, being informed of the contents of the conveyance, the Grantor has executed this Mission Trip Release Form voluntarily and with lawful authority.

Given under my hand and seal, this _____ day of _____, _____.

Notary Public for the
State of _____
County of _____
My commission expires: _____