

Travel Release Form and Release of Liability

Full Name of participant _____

Phone Number _____

Address _____

City _____ State _____ Zip _____

Email _____

Emergency Contact Information

In case of emergency attempt to contact at least one of the following:

Name _____ Phone _____

Work Phone _____ Cell Phone _____

Email _____

Name _____ Phone _____

Work Phone _____ Cell Phone _____

Email _____

Name _____ Phone _____

Work Phone _____ Cell Phone _____

Email _____

Medical and Travel Release, Hold Harmless Agreements, and Permission to Travel
(if under 18, this must be completed by both parents)

On behalf of myself/my child, I further authorize Mision Hispana Mission Society, Inc., to:

- Release any and all other medical information or records to any party deemed necessary by Mision Hispana Mission Society, Inc., its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group;
- To insure proper placement of my child in such a group.

I hereby release and agree to indemnify Mision Hispana Mission Society, Inc., its agents, officers, servants, employees, and assigns for any and all damages, liability or costs results from the authorizing of medical treatment on my/my child's behalf under to terms of this consent. I further hold Mision Hispana Mission Society, Inc. harmless from any and all costs, damages or expenses incurred by Mision Hispana Mission Society, Inc., its agents, officers, servants, or employees as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), executors, administrators and assigns, I personally assume all such risks, whether foreseen or unforeseen by myself or Mision Hispana Mission Society, Inc. and forever discharge Mision Hispana Mission Society, Inc., their heirs, administrators, officers, executors of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by any reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in travel to, from, or in Nicaragua or in missionary activities in Nicaragua or any activities in connection with missionary activities in Nicaragua whether by negligence or not.

I hereby release and hold harmless Mision Hispana Mission Society, Inc., its officers, employees, agents, and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this trip. I understand that this release and indemnification releases liability for the conduct of Mision Hispana Mission Society, Inc. and its agents, officers, servants, employees or assigns, even if such conduct is negligent. I also give Mision Hispana Mission Society, Inc. the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising material. I also hereby release Mision Hispana Mission Society, Inc., its officers, agents, servants, drivers, employees, and volunteers from any financial responsibility because of sickness or injury of the participant while going to, returning from, or attending missionary activities. I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have carefully read the above release and know the contents and sign this release as my own free act. Information on travel in Nicaragua is available from the United States State Department. Nicaragua is one of the poorest countries in the Western Hemisphere and therefore presents a number of unique and challenging travel situations for any visitor. I agree that Lee County, Florida is the proper venue for any legal proceedings which should arise concerning this agreement or my/my child's participation in missionary activities and travel to and from Nicaragua.

Medical Authorization

Participant wishes to be a member of a Mision Hispana Mission Society, Inc. missionary group which will be traveling to and staying in Nicaragua. Certain circumstances may occur resulting in Participant's need for medical/dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Mision Hispana Mission Society, Inc. for Participant to participate in said missionary group, Participant or (in the case the Participant is a minor) Participant's Parents or Legal Guardian authorizes Mision Hispana Mission Society, Inc., or any designated agent of Mision Hispana Mission Society, Inc. or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Mision Hispana Mission Society, Inc. deems necessary for Participant's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery, or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent by Mision Hispana Mission Society, Inc. shall have the same force and effect as if Participant had personally given the consent.

It is highly recommended that all participants have full coverage health insurance, including in a foreign country, with no territorial limitation. Participant is fully responsible for the full payment of all medical/dental treatment received while on missionary trip.

Conduct Agreement

The leadership team of Mision Hispana Mission Society, Inc. reserves the right to send home any team member that shows disregard for the stated rules, regulations, and procedures. The team member and/or their family are responsible for any cost involved in sending the team member home. These costs may include, but are not limited to, airfare, hotel and food for the team member and chaperone (if participant is a minor).

I understand that I am expected to follow the stated rules as well as carry myself according to Christian principles. The rules are as follows: 1.) Listen and obey your team leader(s), missionaries, and pastors; 2.) Take time to pray and read your Bible every day; 3.) Always stay with another member of the group; 4.) Return to the hotel/house for roll-call unless you have made other arrangements in advance; 5.) Follow the travel guide that was distributed; 6.) Remember that this is a Christian trip. Our goal is to share the Good News of Jesus' death, burial, and resurrection with as many people as possible and give them hope. We also want to help and encourage them. 7.) I will be honorable in my thoughts, actions, and speech daily; 8.) I commit myself to listen to and obey God's Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others; 9.) I commit to love and esteem others higher than myself, understanding that my leaders, team members, and the people of the world are God's creation and are to be treated with love and respect. 10.) I will be humble and flexible and will remain self-controlled at all times. Attendance on and participation in this trip is a privilege that can be revoked at any time. I have read the above rules and agree to abide by them. No refunds will be given for those sent home for disobeying the rules or for medical reasons.

My/our enclosed signature signifies my/our approval of all limitations listed above as well as my/our agreement with the policies and rules above. I/we have read and understand the above information. My/our signature represents that all information on these forms is true and correct to the best of my/our information.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Dated _____, year of _____

Witness

Participant's Signature

Witness

Father's Signature (if applicant is under 18)

Passport Number of Participant

Mother's Signature (if applicant is under 18)

*Attach all documentation of guardianship if both signatures are unattainable.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____

by _____, who signed in the presence of these witnesses:

(Notary Public-State of _____)

Personally known _____

Or provided identification _____

Type of identification provided _____