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Release Form

Mission Trip Dates _____

Carefully read this form, sign in front of a Notary Public, and return to the above address at least 3 weeks before your trip. You may not participate in this trip without returning this form.

I am a participant of a mission trip, and have been supplied with pertinent information in preparation. I am familiar with the rules of conduct of international workers, and I agree to abide by those rules as well as submit myself to the leadership of Hope Alive! Clinic Ministries, Inc. (hereafter referred to as HACM). This is a legal binding agreement which I have read and understand.

I release HACM and their agents from liability for any accidents, sickness, or death that may occur while serving as an international worker.

I further authorize and give permission to HACM and its agents to take me to any doctor for medical treatment, emergency surgery, hospitalization, or care as the need arises. I assume responsibility for all medical bills incurred. Should it be necessary for me to return home for medical or any other reason, I agree to assume total transportation costs (if not covered by insurance).

I, the undersigned, fully recognize that the nature and location of my work may result in kidnapping, extortion, unlawful arrest, accusation, imprisonment, personal injury or death. I voluntarily choose to accept the risks involved in my vocation, and hereby release HACM from any and all claims which I or anyone in my family or friends may make against HACM in connection with such events.

I understand that if I am abducted or imprisoned, the appropriate officers of HACM will do all in their power, both directly and indirectly, through my government or other channels, to obtain my release; but that they will not accede to ransom demands or engage in political bargaining.

I hereby authorize HACM to be the coordinators between my family, home church and the mission of all activities in connection with obtaining my release. In the event of any disagreement, HACM is to make the final decision.

I will inform my next of kin and my church leaders of the content of this statement.

My Telephone: () _____ My Pastor's Telephone: () _____

International Worker's Name

International Worker's Signature

NOTARY:

STATE OF _____)

COUNTY OF _____) ss:

On the _____ day of _____, before me personally came

_____ to me known and known to me to be the individual(s) described in, and who executed the foregoing instrument, and the above named person(s) acknowledged to me that said person(s) executed the same.

Notary Public