



HOPE ALIVE
CLINIC MINISTRIES

hopealivesolace.org
hopealivehaiti@yahoo.com
P.O. Box 964
Medford, NJ 08055
609-922-0802 609-234-3629

Release Form

Short-Term Mission Trip Dates _____

Carefully read the following information, sign in front of Notary Public, and return to the above address. You may not participate on this trip without these forms.

As a participant of a mission trip to Hope Alive! Clinic, I have fully read and understand all the factual material provided to me. I release Hope Alive! Clinic Min., Inc. 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 Hope Alive! Clinic Min., Inc. 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.

To assist Hope Alive! Clinic I have indicated my telephone number as well as my pastor's telephone number and agree to advise of any change in telephone or address.

I agree to abide by all the rules of conduct as well as to submit myself to the leadership.

Team Participant Acknowledgement: I am a participant of a short-term 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. This is a legal binding agreement which I have read and understand.

Home Telephone: () _____ Cell Telephone: () _____
Pastor's Telephone: () _____

International Worker's Name

International Worker's Signature

If applicant is a minor, parental of legal guardian permission is required.

Parent or Legal Guardian's Name

Parent or Legal Guardian'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



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International Worker’s Statement Concerning Abduction, Imprisonment, Injury or Death

1. 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.
2. I voluntarily choose to accept the risks involved in my vocation and hereby release Hope Alive! Clinic Ministries, Inc. from any and all claims which I or anyone in my family or friends may make against Hope Alive! Clinic Ministries, Inc. in connection with such events.
3. I understand that if I am abducted or imprisoned, the appropriate officers of Hope Alive! Clinic Min., Inc. 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.
4. I hereby authorize Hope Alive! Clinic Min., Inc. 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, Hope Alive! Clinic Min., Inc. is to make the final decision.
5. I will inform my next of kin and my church leaders of the content of this statement.

To be signed in duplicate. One original is for Hope Alive! Clinic Min., Inc. and the other is for the international worker. Two witnesses must sign.

Date _____

Signature _____

Witness _____

Witness _____