



HOPE ALIVE
CLINIC MINISTRIES

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Addendum: Special Release Form for Extra Activities in Haiti

Short-Term Mission Trip Dates _____

Carefully read the following information, sign, 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. Additionally, because of unknown conditions at outside locations, travel, weather changes, mechanical failure, etc. we require those wishing to participate in traveling to said locations read, agree to, and sign the following:

I understand that certain trips, excursions, or activities outside the scope of a standard and approved Hope Alive Mission trip is at the participant’s own risk. Hope Alive Clinic Ministries, staff, workers, board of directors or any associated personnel with Hope Alive will not be held responsible for any activities of this kind.

Locations include but are not limited to:

- **World Harvest Orphanage and all related facilities**
- **Vladimir Bryant Ministry**
- **Mission House of Freedom Complex**
- **Boucan Patat, in the mountains of Jacmal**
- **Any other side trip not initiated by the directors at Hope Alive.**

International Worker’s Name

International Worker’s Signature

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

Parent or Legal Guardian’s Name

Parent or Legal Guardian’s Signature

Please include this with the standard release form.