



Release of liability and Release to obtain Medical Care

Mission of Hope, Haiti ♦ P.O. Box 325 ♦ Lee's Summit, MO 64063 ♦ 816.246.7774 ♦ www.mohhaiti.org

I, _____, am participating in the mission trip to Mission of Hope, Haiti _____ through _____ 20____ and I, hereby, release and discharge Mission of Hope, Haiti and all partnering organizations, agents and employees, as well as local host ministry/organizations from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trip, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals mentioned above.

If I should need medical care during the mission trip, for **any** reason, I agree to be responsible for taking care of all costs incurred for medical treatment, medications and supplies in Haiti and all transportation expenses home if that becomes necessary.

I, hereby, warrant and represent that I am physically fit and capable of taking part in this mission trip.

I agree to abide by the rules and regulations governing a mission trip and to obey any instructions given by the team leader and Mission of Hope staff members.

I agree to have all recommended immunizations and anti-malarial medication. If I choose to not comply and as a result become ill, I assume full responsibility.

I authorize the leadership Mission of Hope, Haiti staff to make decisions on my behalf with respect to medical treatment, emergency surgery or hospitalization, should it become necessary.

Signature: _____ **Date:** _____

Parent or Legal Guardian (print name): _____
(parent or guardian signature required if applicant age 17 or younger)

Parent or Legal Guardian Signature _____ **Date** _____