

Hope For Tela

Adult Release and Indemnification Agreement

In consideration of the undersigned's application for participation in a mission trip sponsored by Hope For Tela (hereinafter, MINISTRY) and as an inducement to organizing the mission trip and permitting the undersigned's participation, the following is agreed:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, now or unknown, or otherwise against the MINISTRY or any of its trustees, elders, officers, employees, agents and volunteers (collectively referred to herein as the Releasees.) by reason of, arising out of or relating to the undersigned's participation in a MINISTRY mission trip.

The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits, proceedings, demands, judgments, assessments, and liabilities, including reasonable attorneys fees incurred in litigation or otherwise, assessed, incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in a MINISTRY mission trip.

The undersigned further agrees that this Release and Indemnification Agreement (the Agreement) is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Releasees; and that this Agreement is to be governed by the laws the State of Michigan. The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act; the undersigned does not intend to participate in the mission

trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the mission trip and receive all information from the leader which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to the MINISTRY to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the mission trip and to do so without notice or compensation to the undersigned. The undersigned acknowledges that the MINISTRY has made available for travel insurance and agrees that it is the undersigned's responsibility to purchase travel insurance. The undersigned assumes responsibility for full payment of the published and announced cost of the mission trip; agrees to pay any outstanding balance upon request by the MINISTRY; and agrees that any and all cost incurred by the undersigned during the mission trip, including, without limitation, costs due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's application for participation in the MINISTRY mission trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by the MINISTRY; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

Signature _____

Date _____

Printed name _____

All forms should be returned to the MINISTRY office at 7800 River Ridge, Newaygo, MI 49337. Revised 01/18

Hope For Tela

Short-Term Mission Medical Information & Medical Release
- Adults

This form must be completed before participation in a short-term mission trip with Hope For Tela.

Name _____

Birth Date _____

Address _____

City _____

State _____ ZIP _____

Contact Phone _____

Work Phone _____

*Medical Insurance

Provider _____

ID # _____

Group _____

*Will your current medical insurance cover you while traveling outside out of the United States?

No _____ Yes _____ If yes, provide copy of insurance card (front and back)

Name of Primary Physician _____

Address _____

City _____

State _____ ZIP _____

Phone _____

Emergency Contact_____

Relationship_____

Address_____

City_____

State_____ ZIP_____

Contact Phone_____

Work Phone_____

Check if you suffer from any of the following medical conditions

- Hypertension
- Hypoglycemia
- Bleeding Disorders

- Heart Disease
- Seizures

- Insect Allergies

- Asthma
- Chronic Anxiety

- Arthritis

- Diabetes

- Depression

- Glaucoma

- Migraines

List any physical limitations_____

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List any medications (prescription or OTC) taken on a regular basis

List Medical & Food Allergies

*Medical insurance is required for all short term mission trips.

I understand that by signing below I am allowing the group leader the right to seek medical attention in case of a medical emergency for me. I hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary while participating on this mission trip.

In an emergency, I give my permission to a licensed physician to hospitalize or anesthetize me, or perform surgery on me. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Passport: Required for all trips out of the continental U.S. Apply now for your passport! To obtain a passport, you will need a certified birth certificate (not the hospital record), two passport photos, and a driver's license. All of this can cost \$100-\$175, depending on when you apply. You should allow 15-20 weeks for your passport to arrive. Also, remember that it sometimes takes state agencies several weeks to provide a certified record of your birth if you don't currently have one. Further passport services and information are available at the following website: http://travel.state.gov/passport_services.html.

Immunizations: Hope for Tela supports the immunizations recommended by the Center for Disease Control. Call your physician or the International Travel Clinic to determine costs and which ones are needed. Vaccinations are not included in the price of the trip. Required vaccinations for all trips: Tetanus/Diphtheria. Recommended vaccinations for all trips: Hepatitis A & B, Measles/Mumps/Rubella (*if born after 1956), and Traveler's Diarrhea RX.

Signature _____

Date _____

Printed name _____

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Short-Term Mission Trip Team Covenant

As a body united in Christ, consecrated to the task of sharing His love, we covenant with one another before God to:

- 1 Pray together before all major decisions and events, including travel, and work days.
- 2 Share openly and unashamedly our thoughts, joys and fears with one another.
- 3 Share our experiences with one another, both good and bad.
- 4 Pray for one another daily in faith, and bear one another's burdens in love.
- 5 Never trivialize someone else's feelings or betray a confidence.
- 6 Refrain from engaging in sarcastic humor.
- 7 Clear up any grievances we have with one another before the sun goes down.
- 8 Speak honestly with one another.
- 9 Assume the best of each other's motives in any situation.
- 10 Always be quick to listen, slow to speak and slow to become angry.

Signature _____

Date _____

Revised 01/18