

# Costa Rica



# 2006

## Notarized Mission Trip Participant Contract and Release of Liability

**THIS FORM AFFECTS YOUR LEGAL RIGHTS. EACH PARTICIPANT MUST READ THIS FORM CAREFULLY, COMPLETE AND SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC. IF YOU HAVE QUESTIONS ABOUT THE WAIVER OF RIGHTS YOU ARE MAKING IN THIS FORM, YOU SHOULD CONSULT YOUR OWN LEGAL ADVISOR.**

Name of Participant: \_\_\_\_\_  
(please print)

Please read the following items, *initial on each line* ; then, sign on the last page as an indication that you have read this sheet and agree to its conditions. As used in this form, the term "Mission Trip" refers to the mission trip sponsored by Apopka Seventh-day Adventist Church on or about July 21 -30, 2006, to travel to Tamarindo, Costa Rica. As used in this form, the term "Mission Leadership" means the persons organizing this mission trip, Apopka Seventh-day Adventist Church, Florida Conference, and all officers, directors, trustees, partners, affiliates, subsidiaries, agents, principals or employees of any of those entities.

- \_\_\_\_\_ I understand the spiritual nature of this mission trip and will do my best to grow closer to Jesus as I prepare for it. While on the trip I will do my best to honor Him through my words and actions.
- \_\_\_\_\_ I understand that for this Mission Trip to be a success, I must participate as a team player. This means participating in each of the pre-trip preparation and training sessions. It also means that while on the trip I will endeavor to do my best at the tasks for which I have volunteered or have been assigned.
- \_\_\_\_\_ I understand that it is my responsibility to ensure that all the funds needed for the Mission Trip are raised or paid *no later than four weeks* prior to the scheduled departure date of our trip.
- \_\_\_\_\_ I understand that any donations given for this Mission Trip are tax deductible and must be used for this project. Since this is true:
- All funds given toward the project are non-refundable (even if, *for any reason*, I decide not to participate in this trip).
  - Money cannot be disbursed from Mission Trip accounts to pay for personal expenses such as passports, immunizations, supplies, etc.
- \_\_\_\_\_ I understand that if my fund-raising efforts bring in more funds that I need to participate in this trip, Mission Leadership will distribute excess funds as it deems appropriate, consistent with limitations placed on use of the funds by law.

\_\_\_\_\_ I am aware that use of any illegal drugs, alcoholic beverages, or behaviors such as stealing, repeated incidents of divisiveness, rebellion toward leadership, and any incident of involvement in any immoral behavior may be grounds for immediate expulsion from the team and all endeavors related to it, at the discretion of the team leader. I will be responsible to pay for any additional transportation expenses associated with early return due to misconduct. In the event I am not able to leave the place of the mission, I willingly accept the responsibility to remain at my place of temporary residence until such a time as departure is possible.

\_\_\_\_\_ I will dress modestly, and with respect to the cultural expectations for missionaries, Christians, and citizens of the United States of America as well as the standards of the Seventh-day Adventist Church. When on the job site, no short shorts or tank tops for girls will be worn. I agree to be considerate to the children while school is in session, which means refraining from “horse play” or being loud. I realize we are representing Jesus in all aspects of our mission trip.

\_\_\_\_\_ I understand there are many risks inherent in international travel and mission trip involvement. I have not relied on Mission Leadership to disclose any of these risks to me in order for me to decide to participate in this mission trip. Instead, I have undertaken to learn the risks myself.

\_\_\_\_\_ I understand that the CDC recommends that anyone traveling anywhere in Central America has current immunizations for Typhoid, Hepatitis A, Hepatitis B, and takes medication to prevent Malaria. While these diseases are not currently a problem in the specific areas of the Mission Project, I will decide, in consultation with my physician, what immunizations and medications I should take and will be responsible for purchasing and using these.

\_\_\_\_\_ I understand that the Mission Leadership has obtained group medical insurance covering the persons on the Mission Trip (see accompanying sheet *TRAVMED, DESCRIPTION OF COVERAGE*). I acknowledge that I am familiar with the terms of coverage, including exclusions from coverage, and I agree that I am satisfied with its terms. I understand that if I wish to have additional medical insurance coverage, I will obtain that insurance on my own initiative and at my own cost.

\_\_\_\_\_ I acknowledge that during the Mission Trip, I will have opportunity to participate in group recreational and entertainment activities, as well as to participate in activities in which the group as a whole may not elect to participate. I agree that investigating the safety of such activities, whether group or individual, is my responsibility. I agree that the Mission Leadership is not warranting the safety of any such activities. I acknowledge that my release of the Mission Leadership of liability includes release of liability for all damages, losses, injuries and other hazards, inconveniences and hardships which I may incur or encounter while engaged in such activities.

\_\_\_\_\_ I hereby release and hold harmless the Mission Leadership from all damages, losses, injuries and other hazards, inconveniences and hardships which I may encounter on the Mission Trip.

**I HAVE READ AND AGREE TO ALL OF THE PRECEDING PROVISIONS OF THIS NOTARIZED MISSION TRIP PARTICIPANT CONTRACT AND RELEASE OF LIABILITY.**

\_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE of participant

\_\_\_\_\_  
print name of parent/guardian (if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE of parent/guardian (if applicable)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Before me, a Notary Public for the State of \_\_\_\_\_, appeared \_\_\_\_\_, being personally known to me, who, after being first duly sworn or notified of an affirmation, affirmed under penalty of law that he or she had read and understood the foregoing Notarized *Mission Trip Participant Contract and Release of Liability*, and that he or she agreed to those terms as set out herein.

IN WITNESS WHEREOF, I have executed this Notarial Attestation on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ [SEAL]  
Notary Public

My commission expires: \_\_\_\_\_