



**Living Hope International, Inc. Short-Term Missions (STM) Trip
Release/Disclaimer of Liability & Consent for Medical Treatment**

RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation in the Short-Term Missions Trip with Living Hope International, do hereby voluntarily release, acquit, and forever discharge Living Hope International and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from my participation in the trip.

Living Hope International is a U.S. registered non-profit organization. References to Living Hope International include Esperanza Viva Youth Homes (Esperanza Viva, Jóvenes de México, A.C.), Nations Church (Ministerios Cristianos a las Naciones, A.R.) their officers, board members, administration, employees, staff, volunteer workers, residents, independent contractors, participating organizations, and agents and assigns.

I (print participant name) _____ freely choose to participate in the short-term missions trip.

I understand that participating in this trip is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I agree to inform myself about the potential dangers of the area I am traveling to and precautions which should be taken, including reviewing the State Department Consular Travel Information at www.travel.state.gov and the Centers for Disease Control Travelers Information at www.cdc.gov/travel/ for health and immunization information and any other information that may be provided to me by the short-term missions trip organizer of Living Hope International.

Despite precautions, accidents and injuries can and may occur. I ASSUME ALL RISKS RELATED TO THE ACTIVITIES including but not limited to:

Death, injury, or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not, temporary or permanent, including death, which may occur as a result of participating in an activity or contact with physical surroundings, animals, insects, plants, or other persons;

Death, injury, theft, or loss of or damage to personal belongings arising from travel by car, bus, van, or any other means during the short-term missions trip;

Death, injury, or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers;

Death, injury, or illness from deliberate acts of violence including criminal activities, political unrest, war, rebellion, hostage taking, riots, or any other actions by third parties;

Natural disaster or other disturbances, and alteration or cancellation of the trip due to such causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the trip and that the above list in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in this short-term missions trip is an acceptance of risk of injury or death.

Full Name: _____

Signature: _____ Date: _____

Parent or Guardian for Minor

Full Name: _____

Signature: _____ Date: _____



Mailing Address

Living Hope International
PO Box 116
West Bend, WI 53095-0116

Email

LivingHope@LoveHopeMercy.org
General Inquiries
1-262-381-0121 Fax: 1-262-364-2153





LIVING HOPE^{INT}

RESCUING CHILDREN
TRAINING LEADERS

CONSENT FOR MEDICAL TREATMENT

I recognize also that the conditions of the location to which I will travel are not the same standards as the conditions to which I am accustomed (i.e., political environments and judicial systems). I further realize that there are certain health and detainment risks as well as other risks to me and my property, and I enter into participation in this trip with knowledge of these risks. WHEREAS, certain circumstances and situations may occur resulting in my child's/my **(circle one)** need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment, THEREFORE,

In consideration of permission for my child/myself **(circle one)** to participate in said mission, I, _____ being of legal age, authorize Living Hope International to act in my child's/my **(circle one)** behalf should I be unable to do so and to consent to medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my child's/my **(circle one)** medical well-being for the duration of the trip.

This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care on my child's/my **(circle one)** behalf.

Any consent by Living Hope International shall have the same force and effect as if I had personally given the consent.

I certify that my child/I have personal health insurance with: _____ (Company)

Policy No. _____

Travel Insurance Information: _____ (Company)

Policy No. _____

Please provide proof of medical insurance and travel insurance (Insurance Card or copy of Policy).

_____ This insurance plan has no territorial limitation, including foreign countries, which will provide coverage for my child/myself **(circle one)** during the duration of said mission. I understand that no health plan is provided by Living Hope International.

I agree that I am solely responsible for any expenses that may arise from my child's/my **(circle one)** return by air, ambulance or other extraordinary means.

I hereby release and hold harmless Living Hope International and its staff from all liability for personal injury, including death, as well as all property damage or loss arising out of my child's/my **(circle one)** participation in this trip. I agree that Living Hope International shall have no liability for any exercise of discretion in the selection of health care providers or modes of treatment.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damage arising out of my participation in this trip.

Full Name: _____

Signature: _____ Date: _____

Parent or Guardian for Minor

Full Name: _____

Signature: _____ Date: _____



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Living Hope International, Inc. (LHI) is a registered 501c3 non-profit organization. All donations to LHI are tax-deductible in full or in part within the United States.

