



## 2024 PARTICIPANT AGREEMENT

Short-term Missions Outreach trips are not designed as “typical tourist vacations”. Most project sites require travel to remote areas of the world where logistical requirements for volunteers may involve unconventional modes of transportation and/or accommodations. In addition, Missions Outreach trips may contain the full range of risks and inconveniences resulting from both international travel and volunteer service: physical labor, timing delays, frustrations, surprises, etc. All are part of the improvisation and learning that occur in service trips to Third World and developing countries. Because of the circumstances involved with these trips, we want to make certain you understand that the circumstances mentioned above are a part of this type of experience. As a necessary precaution, Hope International Ministries (HIM) requires that each program participant understand and execute the following release and agreement. **Application and Release**

I \_\_\_\_\_, apply to Hope International Ministries to participate in the mission project to be conducted in the **Dominican Republic**, scheduled for **June 17 to June 25, 2024.**

In consideration of the mission opportunities provided to me by Hope International Ministries, I agree to the following:

**Facts About Me.** I am \_\_\_\_\_ years old. I am in good health and sound mind, and able to understand this agreement. I have or will discuss my participation in the MISSION with my physician, have or will receive any vaccination he or she deems necessary, and will participate in the MISSION only if I have received his or her approval and believe that I am able to endure the strain that may be associated with such participation. I understand that my participation in the project is contingent upon agreement by HIM, but that it is not taking the responsibility to assess and approve my fitness for participation. I am not under any economic, physical, other force or duress to compel my participation in the MISSION or my signing of this agreement.

### **WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

1. I, the undersigned wish to stay and/or visit and conduct mission activities, including but not limited to construction, evangelism, medical treatment and operations (all of which are hereafter referred to as "mission activities"). I recognize and understand that participating in activities involves running certain risks. Those risks include, but are not limited to, the risk of injury and/or death; injuries resulting from possible malfunction of equipment used in mission activities; and injuries resulting from any activity in the Dominican Republic.

2. Despite these and other risks, which I fully understand, I wish to participate in mission activities and hereby assume the risk. I also hereby hold harmless Hope International Ministries, Inc, a Michigan Corporation (hereinafter referred to as "HIM") and indemnify them against any and

all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of and connected with, or resulting from my participating in mission activities, including without limitation, those resulting from the manufacture, selection, delivery, possession, use, maintenance or operation of such equipment. I hereby release HIM from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to HIM that I am in good health and do not suffer from a heart condition or other ailments which would be exacerbated by the exertion involved in participating in mission activities. I further certify that I am 18 years of age or older. If younger than 18, I certify that my parents or guardian have signed this waiver.

3. I agree to ask HIM for clarification of any rule or safety procedure, for further instruction in regards to anything I do not understand about the equipment, supplies or any other items that may affect the safety of any mission activities.

4. It is further understood and agreed by the parties hereto that if any of the provisions of this Agreement shall contravene, or be invalid under, the laws of the State of Michigan, such contravention or invalidity shall not invalidate the whole Agreement; rather this Agreement shall be construed as if not containing the particular provision or provisions held to be invalid.

5. This Agreement cannot be altered or amended except by written agreement of HIM. No participant is authorized to amend or modify this agreement and the undersigned acknowledges that he has not relied on any oral representations from any person whatsoever.

6. I have read this waiver of liability and assumption of risk carefully, and I understand that by signing below I am agreeing, on behalf of myself, my estate, my heirs, representatives and assigns and I covenant not to sue HIM or to hold him or his insurers liable for any injury including death, resulting from mission activities. I intend to be fully bound by this Agreement.

7. I understand and agree that this Release of Liability Agreement covers each and every mission activity and event in which I participate hereafter.

8. I give permission for the media department of Hope International Ministries to use and publish pictures and videos of my participation in activities during this missions trip.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

ADULT OVER 18 YEARS OF AGE

x \_\_\_\_\_ Date Signed \_\_\_\_\_

PARTICIPANT'S SIGNATURE

x \_\_\_\_\_

Address of Signer \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of HIM and all other Releases but also to release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

x \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

EMERGENCY PHONE #(s) \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_