

**HONDURAS FOUNTAIN OF LIFE**  
**TRIP RELEASE FORM**

**Participant** – please complete ALL information requested, have your form NOTARIZED, and return completed form to your team leader.

Participant's Name: _____	Trip Destination: _____
Birth Date ( <i>mo/day/yr</i> ): _____	Trip Dates: _____
Gender (male/female): _____	Church: _____
Address: _____	Church City/State: _____
City, State, ZIP: _____	Team Leader: _____
Home Phone: _____	Email: _____
Alternate Emergency Contact Name and Phone: _____	

***TRIP INSURANCE COVERAGE and REQUIREMENTS***

**1. WHAT WE PROVIDE (Secondary Coverage)**

**Short-term provides \$50,000 Accident/Sickness Medical Coverage** for each participant. This includes \$10,000 Accidental Death and Dismemberment Coverage, and **emergency evacuation** expenses when necessitated by circumstances occurring more than 150 miles from home. Repatriation expenses are also provided in the event of death. This coverage is provided for all participants in the short-term program and is included in the project cost.

**2. WHAT WE REQUIRE**

**US trip locations:** Coverage includes accidents only; it does not cover sickness/illness. Each participant is required to have his/her own primary medical coverage for sickness.

**International trip locations:** Coverage includes both accidents and sickness. However, because this is a secondary coverage, each participant is still required to have his/her own primary medical coverage for sickness.

Any participant, who does not have a primary medical insurance policy, must apply for supplementary coverage. (*Your team leader has been given information about supplementary insurance.*)

**Please indicate the status of your primary medical insurance:**

**US trips:**

- "I do have a primary medical insurance policy."
- "I do not have a primary medical insurance, but I am applying for supplementary coverage."

**International trips:**

- "I do have a primary medical insurance policy, and I have confirmed that it will cover me while outside the US on this project."
- "I do have primary medical insurance, but it will **not** cover me outside the US; I am applying for supplemental coverage."
- "I do not have a primary medical insurance; I am applying for supplementary coverage."

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**IMMUNIZATIONS and MEDICAL CONSENT**

Please indicate the status of your **routine immunization history** (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio*).

- "I have had all routine immunizations."
- "I have not had all routine immunizations but I will have by the beginning of the project."
- "I have not had all routine immunizations and decline to get them for this project."

"I have had a **tetanus booster** within the past 10 years."  
\_\_\_\_\_ Yes \_\_\_\_\_ No, but I will have by the beginning of the project.

"I have checked with my doctor, the CDC or the local Health Department and am aware of the **immunizations recommended and required for the area** in which I will be traveling."  
\_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: Pregnant women are not permitted to participate on projects rated Intermediate, Substantial or High Risk.

**"In the event of a medical emergency,** I hereby consent to the necessary and proper treatment, surgery, and/ or anesthetic by a licensed physician or health care professional for myself."

 **Signature of adult participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF LIABILITY (US and International trips)**

"I am aware of the inherent risks and dangers in traveling to and ministering in other countries and the potential risks to myself and my property as a result of participation in travel to \_\_\_\_\_ including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property. I fully assume these risks, understanding that HFoL cannot be responsible for any personal loss or disaster that I may experience in connection with my volunteer ministry service to Honduras Fountain of Life and/or Grace Community Church. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against Honduras Fountain of Life and/or Grace Community Church, my sending church/organization, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my volunteer services for Honduras Fountain of Life and/or Grace Community Church. I acknowledge personal responsibility for my own actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved."

 **Signature of adult participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARIZATION REQUIRED**

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC: \_\_\_\_\_ (Notary Seal Required)

Date commission expires: \_\_\_\_\_