

CULTURE MISSIONS TRIP
PARTICIPANT AGREEMENT FORM

Name: _____
(please print)

Liability Release Agreement

I understand that there are inherent risks involved in any trip. Such risks may include, but are not limited to; the risk of injury, physical activity, exposure to illness, violence due to political instability, terrorism or criminal activity. Being fully informed of the inherent risks of this trip, I hereby release CULTURE MISSIONS, INC (CM) as well as its pastors, staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my involvement with the CM Dominican Republic Mission Trip.

* By signing I also understand and consent to the photographing or videotaping of myself during the time I am with CM for use in CM promotional materials.

Transportation

I understand that CM does not own or operate the charter buses or airlines that will be used to transport the undersigned on this trip to the Dominican Republic, but that CM has hired a third party bus charter company to provide transportation to airport and a commercial airline of our choosing, for international travel to Dominican Republic. I fully understand that traveling by bus and airplane involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death; these risks and dangers may be caused by my own actions or inactions, the actions and inactions of other drivers, pilots or passengers; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and as between myself and CM, I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation on this trip. I do not waive any claims I may have against chartered bus company, or airline of choice for travel.

Should I need to leave the group during this trip at any time and for any reason, due to my decisions or any other circumstances, any and all fee(s) incurred will be solely my responsibility.

Vaccination

Everyone attending this years mission trip must be fully vaccinated and be able to provide proof. Your vaccination card must be with you on this years trip (this is mandated from the Dominican Republic government). Also everyone must show a negative COVID 19 test, taken within 72 hours of travel. Travel requirements are subject to change.

COVID 19

In the event an attendee becomes sick with COVID 19 and are unable to leave the country with the team, that individual will be responsible for cost of extra stay in country for quarantine. Culture missions can assist will travel to airport.

Medical Release

By signing this agreement, I am stating that I have personal medical and health insurance should I be injured during this trip and need medical attention. I understand I will be ultimately responsible for the cost of any medical care, even if the cost of care not reimbursed by my health insurance carrier. Further, I affirm that I will have my medical card with me during the trip.

Should I be in a position where I cannot verbally agree to or give medical consent, I hereby authorize _____ to give such consent. (provide phone number of authorized person _____). If my contact person is unavailable I authorize Culture Missions leadership to make decisions on my behalf.

Here is a list of medical issues that may be helpful should medical attention be needed. *(Use back of form if applicable)*

Standards of Behavior

It is in the best interest of the entire group that everyone agree to the following mandated guidelines. The primary purpose of these Standards of Behavior is to insure the safety and well-being of all Dominican Republic Mission Trip participants.

I agree to:

- Refrain at all times from the consumption of alcoholic beverages and drugs unless said drugs are prescribed by a physician
- Attend all activities and meal functions
- Refrain from using profanity or otherwise inappropriate language
- Conduct myself in such a manner as to bring pride to myself, my family, my church, and God.

Waiver Release

I certify that I am of legal age and competent to sign this agreement form and that I hereby do so voluntarily. I hereby certify that I have read the participants agreement, that I agree to abide by the terms outlined in the participant's agreement and that the information furnished on the trip application is true and correct. I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation on this trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities, and the consequences thereof.

I hereby certify with my signature that I have read the Liability and Waiver Release, and agree to all statements herein contained.

Signature

Date

Parent Signature (If participant is a minor)

Date