

The partnership between you, your Team, and Carolina Honduras Health Foundation (CHHF) is vital to the success of the mission: providing medical, dental, ophthalmic, and pharmaceutical services within Limón county, Honduras.

We appreciate you reading and signing this release as soon as possible.

There is a lot of information in the Team Member Handbook. Please make sure to take a look and ask your Team Leader if you have any questions.

NOTE: If the mission team member is under the age of 18, this form must be signed by the team member and their parents or legal guardian. If the child is traveling without their parent or legal guardian, the CHHF Parental Consent Form must also be completed.

AGREEMENT, INDEMNIFICATION, AND RELEASE OF CLAIMS

In consideration for being accepted as a volunteer Team Member serving CHHF and my participation as a volunteer, I, the undersigned hereby agree as follows:

I understand that participation as a Mission Team member and international travel involves inherent risks. These include without limitation risks involved in traveling to and within and returning from, international locations; foreign political, legal, medical, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and local weather conditions. Honduras may have health and safety standards substantially below those enjoyed in the United States, and I recognize that I may be subject to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly.

I hereby release, acquit, exonerate, and forever discharge CHHF and its affiliates, directors, officers, agents, team leaders, volunteers, and employees (collectively, the “Released Parties”) from any and all claims for personal injury (including death) and/or property damage which may occur during and/or as result of my participation as a volunteer on a Mission Team serving with CHHF whether or not any such personal injury or including death and/or property damage is caused in whole or in part by the negligence of CHHF and/or by the negligence of any other Released Party.

To the extent permitted by applicable law, I hereby covenant and agree to defend, hold harmless, and indemnify the Released Parties from and against any and all claims, demands, judgments, losses, damages, punitive damages, obligations, actions, causes of action, costs, expenses, attorneys’ fees, and liabilities which any of the Released Parties may sustain, incur, or be required to pay, at any time after the date of this Agreement, whether or not any such Released Party was negligent, for personal injury (including death) and/or property damage in any manner arising in connection with (and/or as a result of) my participation as a volunteer on a Mission Team with CHHF.

This Agreement shall apply and shall be enforceable to the full extent permitted by applicable law. If any provision of the Agreement is held or deemed unenforceable or void, the remaining provisions shall nevertheless continue in full force and effect.

I further state that I am of lawful age and legally competent to sign this liability release. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free will and with the knowledge that I hereby agree to waive my legal rights.

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I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my injury, disability, or death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

PHOTO AUTHORIZATION/MEDIA RELEASE

I authorize Carolina Honduras Health Foundation to use my name, picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature (and/or the signature of my parent or legal guardian if under the age of 18) signifies my authorization. I further authorize CHHF to use any pictures I take during the trip in marketing materials, unless I specify otherwise in writing to contact@chhf.org.

Team Member Signature: _____ Date: _____

Team Member Name (print): _____

If under the age of 18: Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Printed Name/s: _____

Please send a pdf of this form to: christinemitchell@chhf.org or

Mail a copy to: Christine Mitchell
CHHF
161 Astoria Park Loop
Conway, SC 29526

This form must be received prior to your departure on your mission trip. Questions? Call Christine at (331) 588-4229.