

PERSONAL COVENANT & LIABILITY RELEASE FORM

The guidelines listed below are recommendations for those participating in this journey. You go not as a tourist, but as a guest of another country. Colombia is considered a dangerous country. It does not have the same conveniences you are used to at home. It is very important to be flexible and willing to adjust to the expectations and schedule of this trip.

I, _____, in consideration of my participation on this mission trip to Colombia, South America, represent and agree to the following conditions which will further the usefulness and safety of our short-term mission trip and I agree to:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Colombian Christian Mission Inc. leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative roll that Colombian Christian Mission Inc. plays in putting together our mission trip. I also understand that the mission trip will be handled by a contracted agent of Colombian Christian Mission Inc. in Colombia, South America and the contracted agent of Colombian Christian Mission Inc. will be responsible for the trip and the team.
4. I hereby grant any of the Colombian Christian Mission Inc. leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Colombian Christian Mission Inc. leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel/cis_pa_tw/tw/tw_941.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.
6. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include walking, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.
7. I waive any and all claims for damages against Colombian Christian Mission Inc., Colombian Christian Mission Inc. leaders or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of Colombian Christian Mission Inc., Colombian Christian Mission Inc. leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.
8. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Ohio. Venue for any action hereunder shall be in Wayne County, of the State of Ohio.

Signature _____ Date _____

Spouse/Parent signature _____ Date _____

Please return to: Colombian Christian Mission, PO Box 95, Rittman, OH 44270-0095