

WAIVER AND RELEASE OF LIABILITY – MOSAIC STUDENTS MISSION TO GUATEMALA 2010

All participants and parents of minors need to read the Travel Warnings and Consular Information presented by the US State Department on the country to which the participant will be traveling. This information is found at the following website: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html. Then the participant and parents of minors must read, sign, and notarize this form.

DISCLAIMER: AMISTAD AND/OR FELLOWSHIP BIBLE CHURCH ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PARTICIPATING IN THE AMISTAD MISSIONS PROGRAM AND/OR FELLOWSHIP BIBLE CHURCH PROGRAM, OR IN ANY OTHER WAY INVOLVED WITH THE MISSIONS PROGRAM FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF INITIATIVES INTERNATIONAL, INC. AND/OR FELLOWSHIP BIBLE CHURCH, THEIR AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Amistad, Fellowship Bible Church, any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Amistad, Fellowship Bible Church or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in short-term missions activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that missions travel involves certain risks, including but not limited to death, personal injury, and property damage resulting from accidents, sickness, the uncontrollable nature of the encounters with other persons that may occur, and situations in the country(s) being visited, such as civil unrest, epidemics, and unstable governments. In addition, I understand that participation in missions travel may involve sites that may be remote from available medical assistance. I agree that the program sponsors cannot guarantee my total safety since some risks are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants and the others I come in contact with. I am voluntarily participating in this activity with knowledge of the danger and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Amistad, Fellowship Bible Church and others listed for any and all claims arising as a result of my participation in mission activities or any activities incidental hereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Arkansas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and the Travel Warnings and Consular Information Sheets found on the US State Department webpage. I fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Initiatives International, Inc. or any of the parties listed above. Further, I give Amistad and Fellowship Bible Church permission to use my photo in any of their publications or websites.

Printed Participant Name

Participant Signature

Date

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

State of _____ County of _____
Subscribed and sworn to (or affirmed) before me this
_____ day of _____, 20____ by

State of _____ County of _____
Subscribed and sworn to (or affirmed) before me this
_____ day of _____, 20____ by

Notary Public

Notary Public

My commission expires _____

My commission expires _____