

**Community Presbyterian Church in Celebration
Celebration, Florida
Waiver and Release of Claims
Mission Project**

Mission Project destination: Bayonnais, Haiti (Center of Hope) and surrounding area

Dates: Depart March 11 / Return March 16, 2017

Host organization while in Haiti: International Christian Development Mission (ICDM)

Rev. Yvan Pierre, Director, 407-922-2475

P.O. Box 762, Intercession City, FL 33848, IRS ID # 59-3693278

Web site: www.ICDM.US

In consideration of the opportunity to participate as a volunteer in the Mission Project described above, I the undersigned agree to the following:

- I hereby acknowledge, understand and voluntarily agree that participation in this mission project involves risks and dangers, to include the risk of serious bodily injury or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
- I further acknowledge that by engaging in this mission project I am voluntarily subjecting myself to certain risks which I may not normally face in my personal and business life, including but not limited to such things as hazards due to poor food and water, disease, pests, and poor sanitation; potential danger from lack of control over local populations, potential injury while working; and inadequate medical facilities, etc.
- By participating in such activities, I knowingly and expressly assume all the risk, consequences and liability related to these activities.
- I understand that it is my responsibility to obtain certain vaccinations and medications prior to travel based upon the recommendations of my physician or the US Center for Disease Control and Prevention (web site <http://www.cdc.gov>). These include: Tetanus, Annual flu shot, Hepatitis "A" and "B", Typhoid, Malaria, and Travelers Diarrhea.
- I further understand that since the travel destination is outside of the USA, my personal insurance may not apply or may be very limited. It is my responsibility, if desired, to obtain additional insurance for medical and other international travel risks. These international risks include, but are not limited to, medical care, emergency repatriation to USA for medical or other reasons (including death), and kidnapping.
- I am aware that drinking-water safety is very important. Outside of the Center of Hope compound only bottled water and Water from ICDM's water purification system are to be consumed.

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- I specifically agree that the Community Presbyterian Church in Celebration, Celebration, Florida, its officers, elders, employees, and agents (hereinafter collectively referred to as “the Releasees”) shall not be liable for any claim, demand, or cause of action of any kind resulting from or related to my participation in the Mission Project and I agree to hold the Releasees harmless from same.

- I hereby release, waive, discharge, and covenant not to sue the Releasees. I agree to indemnify, save, and hold harmless the Releasees and shall assume full responsibility for all causes of action, including, but not limited to bodily injury and death.

- I understand that this Waiver is intended to be and shall be interpreted as broadly and inclusively as permitted by the State of Florida. If any portion is found to be invalid, the remainder shall remain in full force and effect.

- I acknowledge that I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I am aware that by signing this release and waiver of liability, I am giving up substantial rights, including my right to sue and certain legal rights my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

In witness whereof, I have executed this WAIVER and RELEASE OF CLAIMS this

Date (mm/dd/yyyy): _____

Signed: _____

Printed name: _____

If under age 18, parent or guardian signs below.

Signed: _____

Printed name: _____