



A not for profit Organization



Waiver and Release of Liability

I, _____, do hereby certify that I am willing, physically and mentally fit, and sufficiently prepared to travel with and participate in a mission's trip with Haitian Mission Par La Foi, Inc, in the country of Haiti. I understand that by signing this release form and turning in partial payment to cover the cost of my airline ticket, the balance of the trip will be paid prior to my departure date. Should I decide at any time that I am not able to go on this trip, I understand that my airline ticket is non-refundable and the airline may charge me a penalty fee for cancelling or changing my ticket, but I may use the ticket at a future time to travel. I also understand that if expenses for my trip have already been paid, I will not be able to get that money refunded. If the conditions in Haiti prevent travel, I will only be refunded the cost of my plane ticket if the airline offers a refund.

Haitian Mission Par La Foi, Inc requires every person to take out travel and medical insurance. This will be handled by Haitian Mission Par La Foi, inc and is part of the trip expense. Haitian Mission Par La Foi, Inc has my permission to seek medical assistance in case of an injury or sickness if the need should arise. Should it be necessary for me to return home prematurely for medical reasons or due to disciplinary action, I will assume total responsibility for any additional cost incurred.

I also understand there are inherent risks involved in any mission trips, and I hereby release Haitian Mission Par La Foi, Inc, its staff, and volunteers from any and all liability due to any injury, loss or damage to any person or property that may occur during the course of my involvement with Haitian Mission Par La Foi, Inc.

(Signature) (Printed Name) (Date)

(Parent/Guardian Signature if under 18) (Printed Name) (Date)