

Amigos for Christ Release and Waiver of Liability

Important: Each volunteer must complete and submit a signed “Release and Waiver of Liability” for each mission trip they participate on with Amigos for Christ

PLEASE READ THE FOLLOWING CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability (“the Release”) is executed on this _____ day of _____, 20____, by _____ (“the Volunteer”), in favor of Amigos for Christ, Inc., a nonprofit corporation existing under the laws of the State of Georgia, U.S.A., and its officers, directors, trustees, agents, volunteers, and employees (collectively, “Amigos”), the identities of whom are currently listed on the website <http://www.amigosforchrist.org> and whose names are hereby incorporated by reference herein.

I, the Volunteer, desire to work as a volunteer for Amigos and engage in the activities related to being a volunteer (“Activities”). I understand that my Activities may include but are not limited to the following: construction projects; educational activities; medical-related activities; feeding and clean water programs; traveling to and from worksites, towns, cities or countries; consuming food available and provided; and living in housing provided for volunteers.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

1. RELEASE AND WAIVER.

I, the Volunteer, do hereby release and forever discharge and hold harmless Amigos and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my Activities with Amigos.

I understand and acknowledge that this Release discharges Amigos from any liability or claim that I may have against Amigos with respect to any bodily injury, personal injury, illness, death or property damage that may result from my Activities with Amigos, whether caused by the negligence of Amigos or their officers, directors, trustees, agents, volunteers, employees or otherwise. I also understand that Amigos does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

I, the Volunteer, do hereby release and forever discharge Amigos from any claim which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my activities with Amigos, or in the case of a minor child, with the decision by any representative or agent of Amigos to exercise the power of consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

2. INDEMNIFICATION.

I, the Volunteer, agree to indemnify and hold harmless Amigos from and against any losses, costs, damages and expenses resulting from any claims for bodily injury or property damage arising out of my Activities with Amigos.

If the Volunteer is less than 18 years of age (a “minor”), the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the “Guardians”) hereby agree to indemnify and hold harmless Amigos for and against any losses, costs, damages and expenses resulting from any claims for bodily injury or property damage to the minor Volunteer and arising out of the Volunteer’s Activities with Amigos.

3. MEDICAL TREATMENT.

I, the Volunteer, do hereby release and forever discharge Amigos from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with Amigos.

If the Volunteer is less than 18 years of age (a “minor”), the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the “Guardians”) also hereby release and forever discharge

Amigos from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of Amigos to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

I, the Volunteer understand that, except as otherwise agreed to by Amigos in writing; Amigos does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

4. ASSUMPTION OF THE RISK.

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather, disease or other circumstances that could threaten my health or safety. I also understand Amigos is under no obligation to pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release Amigos from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

5. INSURANCE.

I, the Volunteer, understand that, except as otherwise agreed to by Amigos in writing, Amigos is under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

6. PHOTOGRAPHIC RELEASE.

I, the Volunteer, do hereby grant and convey unto Amigos all right, title and interest in any and all photographic images and video or audio recordings made by Amigos during my Activities with Amigos, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

7. MEDIATION.

Any dispute or claim in law or equity arising out of my Activities and/or this Release or any resulting transaction, including disputes or claims involving Amigos shall be submitted to a neutral, non-binding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The mediation will be conducted by Peacemaker Ministries, P.O. Box 81130, Billings, Montana 59108. The parties to the dispute or claim agree to act in good faith to participate in mediation. All parties to the mediation shall share equally in its cost. If the dispute or claim is resolved successfully through the mediation, the resolution will be documented by a written agreement executed by all parties. If the mediation does not successfully resolve the dispute or claim, the mediator shall provide written notice to the parties reflecting the same, and the parties may then proceed to seek an alternative form of resolution of the dispute or claim, in accordance with the remaining terms of this agreement and other rights and remedies afforded to them by law.

8. OTHER.

I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, U.S.A. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

This Release shall be governed by the laws of the State of Georgia, U.S.A.

To express my understanding of this Release, I sign here.

Volunteer: Name (please print): _____

Signature: _____

Address: _____

E-Mail Address: _____

Phone: _____

Witness: Name (please print): _____

Signature: _____

This RELEASE and WAIVER OF LIABILITY sworn to and subscribed before me by

_____, this _____ day of _____, 20_____.

Notary Public: _____ My commission expires: _____

EVERYONE MUST HAVE THE ABOVE SECTION NOTARIZED. THOSE UNDER 18 YEARS OF AGE MUST ALSO HAVE BOTH PARENTS COMPLETE THE NEXT SECTION AND HAVE IT NOTARIZED. You may bring papers to the Amigos for Christ office and we will notarize these documents at no charge. All signees must be present for notarization.

THE FOLLOWING SECTIONS MUST BE COMPLETED IF THE VOLUNTEER IS UNDER 18 YEARS OF AGE AT TIME OF TRAVEL:

IMPORTANT: If the Volunteer is younger than 18 years of age, both parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, both parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child". If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian #1: Name (please print): _____

Signature: _____

Address: _____

E-Mail Address: _____

Witness: Name (please print): _____

Signature: _____

Parent/Guardian #2: Name (please print): _____

Signature: _____

Address: _____

E-Mail Address: _____

Witness: Name (please print): _____

Signature: _____

IF APPLICABLE:

School/Organization (no abbreviations please): _____

9. PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD.

I/We, _____, am/are the parent(s) or legal guardian(s) having custody of _____, a minor child. As such parent(s) or legal guardian(s), I/we hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Amigos for Christ, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, concerning my minor child's personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state or country in which the treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

I/we hereby authorize and appoint my agent to travel with my minor child to _____ [insert location], and for my minor child to serve as a volunteer with Amigos for Christ, Inc., and participated in any Activity on a voluntary basis, without compensation.

1) Parent or Guardian: _____ Witness: _____ Date: _____

2) Parent or Guardian: _____ Witness: _____ Date: _____

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to and subscribed before me by _____ and _____,

the Parent(s) or Legal Guardian(s) of _____, a minor child, this _____ day of _____, 20_____.

Notary Public: _____ My commission expires: _____

**AMIGOS FOR CHRIST MISSION TRIP
MEDICAL INFORMATION FORM**

Legal Name of Participant: _____ **Date of Birth:** _____ **Sex:** ___

Trip Dates: _____

Address: _____

E-Mail : _____ **Home phone #:** _____

Nationality: _____ **Passport #:** _____ **exp date:** _____

Place Passport was issued : _____ PASSPORT CANNOT EXPIRE WITHIN 6 MONTHS OF RETURN HOME

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Relative or friend to contact in the event of emergency (every attempt will be made to contact parents of minors first):

Name & Relationship: _____

Phone #: _____ **Alternate #:** _____

Insurance Carrier: _____

Insurance Policy Number: _____

Place of employment providing insurance and employee's name: _____

Address and Phone Number of Company: _____

Please list any food or drug allergies known: _____

Please list any OTC medications (examples include Ibuprophen, Benadryl etc) that SHOULD NOT be given to participant:

Special considerations to be aware of (ie: physical limitations, recent surgeries, or other conditions):

Medication (and dosage) participant is currently taking: _____

ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT IN ITS ORIGINAL PACKAGING

EITHER A PHYSICIAN'S PERSCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL PRESCRIPTION MEDICATIONS FOR MINORS

**Amigos for Christ
CODE OF CONDUCT**

In order to maintain the integrity of Amigos for Christ and for your protection as a participant in our mission program, the following code of conduct must be followed at all times during the trip. By signing this form, you agree to adhere to the code of conduct presented below

1. Appropriate clothing must be worn at all times at the work site. (Ladies: Short shorts and spaghetti straps are not permissible.)
2. Usage of illegal drugs will not be permitted.

Additional rules for youth (under 21 years of age):

1. Males and females are to sleep in separate rooms at all times. Under no circumstances are the members of one sex permitted overnight in the room(s) of the opposite sex.
2. Underage smoking by anyone, at any time, will not be tolerated.
3. Usage of alcohol by anyone under the age of 21 will not be permitted.
4. Persons under the age of 18 may not leave the house or worksites unless accompanied by a chaperone or a parent and prior knowledge by the leader of the mission trip.
5. All participants under the age of 21 are to respect the authority of the adults in the group.

Additional rules for adults (21 years of age and older):

1. Adults who are serving as chaperones for children and/or teens will not drink any alcoholic beverages for the duration of the trip.
2. At no time will persons over 21 offer, provide, or otherwise encourage underage drinking of alcoholic beverages.
3. Adults will be responsible for all participants under the age of 21, regardless of their relationship prior to the trip, while at the worksites.

CONSEQUENCES

1. Immediate notification of parents/guardians if under 21 years of age.
2. Possible early departure at your expense or, if under 21, at your parents' expense.
3. Future mission trips with Amigos for Christ may not be permitted. Amigos for Christ reserves the right to decline any mission trip participant applicant.

I agree to adhere to the Code of Conduct outlined above throughout my Amigos for Christ mission trip.

Participant Signature

Participant Name

Date

Amigos for Christ Mission Trip

What do I need to do now?

ASAP:

1. Sign up for a mission trip and tell us about yourself using the Commitment Card. Trips fill up quickly and several are "closed" so, if you have any questions, please check out our website at www.amigosforchrist.org or call the office at 770-614-9250.
2. Book your flights to coordinate with the main group's schedule. This will be found on the Trip Information Sheet. Some school trips use group tickets, but for most trips everyone books their own ticket. You will fly into Managua (MGA). Our retreat center is in Chinandega. If you cannot coordinate your flights with the group's arrival/departure, then you will be responsible for taking a taxi to Chinandega. The taxi costs \$60 in American cash (payable to the driver). Let the Amigos office know well in advance if you would like us to send a taxi for you. You can also book flights through Atlanta Travel Center by e-mailing Claudia at claudiag@atlantatravelcenter.com.
3. Please send a copy of your itinerary (if you booked your own flight), your completed waiver and medical release forms (also available online-must be notarized) and your trip payment at least 1 month prior to your trip.
4. Send Amigos for Christ a copy of your Diploma(s), resume and current medical license. Let Amigos know if you sent in this paperwork for a previous trip and if your name has been changed since you received your diploma etc. A current license is needed for every trip.
5. Get any shots and medications you might need. The CDC recommends Hepatitis A, anti-Malaria pills and an updated Tetanus if necessary. Some clinics advise a series of 3 Hepatitis B shots and a Typhoid shot as well. Check with your Doctor. Obtain travel insurance if desired.
6. You need a passport. It cannot expire within 6 months of your return date.

Before Departure:

7. 6 Weeks prior to departure you must send the Amigos office (Sabrina@amigosforchrist.org) a detailed inventory list of any medications, medical equipment or medical materials that you plan on bringing on the trip. This is in order for us to comply with the strict rules of the Nicaraguan Ministry of Health. If you cannot supply a list in sufficient time, please send the supplies to the Amigos office, and we will send the supplies with the next available mission trip.
8. Please bring OTC medical supplies for your own use as per the packing list. All these should be left in Nicaragua for use in our clinic if you do not finish your supply. If you have access to more of these kinds of supplies, please contact the office so that we can make shipping arrangements.
9. Coordinate with your group leader the collection of requested donated items/items specific to projects on your trip etc.
10. Pack your personal bag by following the packing list (available online). You should pack one bag (less than 50lb) that will be checked in at the airport and can have 1 carry on bag as well. We will have an additional bag with mission trip supplies that you will need to check in as well (when allowed/available).

11. If you can't make the trip, you must cancel your ticket before the plane is scheduled to depart in order to get any credit for the ticket. Please call your group leader and the Amigos office (emergency #) and let us know if you can't make your flight at the last minute.
12. Wear your Amigos T-shirt when you travel. This helps the group leader keep track of everyone and let's the driver identify you upon arrival in Managua.
13. Turn your cell phone "OFF" to avoid expensive charges during your visit.

After Departure:

14. Complete a customs form on the plane as follows:
15. Bring a clean \$5 bill to enter the country at customs in Managua.
13. Claim your bags (personal and Amigos supply bag) at the luggage carousel in Managua. If your bag is lost, you must report it before you leave the airport. Go to the desk in the corner near the luggage carousels and complete a lost luggage claim form.

On your way home:

14. Leave dirty clothes, leftover snacks, medicines etc at the house as donations.
15. Post your photos on the Amigos Facebook page.
16. Become a regular donor to Amigos for Christ and volunteer at the Festival or warehouse.
17. Plan your trip for next year!

Amigos for Christ Mission Trip Packing List

You should pack one large bag (**under 50lb**) that will be checked in at the airport and can have 1 carry on bag as well. We will have an additional large bag with mission trip supplies that you will need to check in as well (when allowed/available). You are welcome to open the Amigos bag but please tell the airline agent that you packed it!

- Suggested items to pack in large bag for a 1-week stay. Only very limited laundry service will be available.
 - 7 shorts, 1 jeans , 8 tee-shirts, swim suit, underwear, socks. No need to bring scrubs as green scrubs are available in most sizes.
 - Shoes for use in the OR/hospital only and not to be worn elsewhere. Bring tennis shoes for outside and flip flops for the shower. You are invited to leave your old clothes and shoes behind as a donation
 - stethoscopes, BP cuffs for those working in PACU and Pre-op
 - your own gloves if you have a latex/powder allergy
 - Copy of passport/address, phone number, etc.
 - water bottle with shoulder strap
 - Please bring Tylenol/Advil, Aspirin, generic cold and cough medications, imodium, band-aids, pepto-bismol, triple antibiotic cream for your own use. All these should be left in Nicaragua for use in our clinic if you do not finish your supply. We are desperate for these basic items!
 - 1 small flashlight
 - small snack items such as granola bars or cracker packages (optional)
 - washcloth/sponge and toiletries
 - please do NOT bring good jewelry
- Suggested items to pack in carry on bag (check airport guidelines regarding carry-on of liquids etc)
 - Passport and copy of any special medical information
 - personal medicines and copy of prescriptions, malaria pills,
 - sunscreen & insect repellent
 - hand sanitizer, hand wipes
 - 1 day's worth of clothes in case baggage gets lost
 - Sunglasses, hat, bandanas
 - Camera
 - Reading material for plane
 - \$100 - \$150 in 10's, 5's and 1's (A couple of 20's will be ok) - bills should not be marked or torn
 - a clean \$5 bill to enter the country at customs in Managua

Drinking water, pillow, sheets and a bath towel are provided. All meals are also provided. We stay in a retreat facility cooled by fans, with refreshing (cold) showers and simple meals.