

Medical Disclosure Form

Na	me	Date
Ad	dress:City, State a	nd Zip Code:
Ph	one Number:	<u> </u>
Em	nail Address:	
1.	Describe any medical or mental condition or physical	limitation you have:
2.	List all medication and doses you are currently taking you are taking it for:	that you plan to bring on this trip and what condition
3.	List any allergies, including those to medication or dr	ugs, and the affect it has on your physical body:
	Emergency Contact Person:	Relationship:
		Phone #
	Alternate Emergency Contact:	Phone #
	If you have health insurance, please complete the follows: (Please check with your insurance company that you are o	_
	Insurance Company	Phone #
	Policy #	<u> </u>
	Primary Physician:	<u> </u>
	Physician Phono #:	



Rules and Guidelines

Breaking any of the following four rules are grounds for immediate dismissal from the mission field:

- 1. No Alcoholic Beverages, Illegal drugs, or tobacco products of any kind.
- 2. No going outside the housing compound alone or unsupervised by a designated Team Leader.
- 3. No romantic displays of affection of any kind, at any time, with any person. (Unless married).
- 4. No departing from your ministry team and assigned group. YOU ARE NEVER to be alone.

Breaking any of the following rules are grounds for immediate disciplinary action and possible dismissal from the mission field:

- 1. No fighting.
- 2. No two individuals of the opposite sex alone out of sight of the group.
- 3. No noisy or disorderly conduct.
- 4. No profanity or temperamental outbursts.
- 5. Absolutely no borrowing money from team members or nationals.
- 6. No guys in girl's rooms or girls in guy's rooms.
- 7. Shoes must be worn outside at all times.
- 8. Maintain a positive attitude regardless of the circumstances.
- 9. Maintain a positive attitude towards team leadership.

As a participant of an EHW mission trip, I have read and fully understand the rules and regulations above. I also understand that I must comply with all EHW rules and regulations in order to make my missions experience the best it can be. If I choose not to comply with these rules, I understand that I am subject to the consequences and even dismissal from the mission field AT MY OWN EXPENSE.

Team Member Signature:	Date:
regulations above. I also understand that I am respo	have carefully read and clearly understand all of the rules and onsible for all expenses to send my child home in the event that ulations. (Signature REQUIRED if Team Member is under 18 years of
Parent's Signature:	Date:



Release Form

Expect Hope Worldwide Release Form

We (I) fully release Expect Hope Worldwide from, and hereby waive any and all claims against Expect Hope Worldwide, its officers, board members, elders, employees or volunteers that may arise before, during or after the above mentioned event, for any negligent acts and/or omissions that may occur during this activity.

Printed Name:			
Signature:			
Date:			
Printed Name:			
Signature:			
Date:			



Waiver of Liability and Consent for Medical Treatment

l,	, in refer	ence to part	cicipating in	and ministering	with Expect	Норе
Worldwide (EHW) in the Albania Women'	s Trip from the date	s of <u>October 2</u> r	nd – October 8	th, 2017, (and exte	ending until I re	turn to
my home address in the USA in the even	t of travel delay or	hindrance) and	d including all t	travel, ministry, vo	lunteer functio	ns and
recreational activities related thereto for m	nyself and for my he	irs, personal rep	presentatives, e	executors, adminis	trators, and assi	igns do
hereby remise, release, and forever waive	all claims, past and	uture, against a	and agree to ho	old harmless EHW a	and their predec	cessors
or affiliates, corporations or entities, and	its officers, directo	rs, shareholder	rs, successors,	assigns, heirs, per	sonal represent	tatives,
executors, administrators, attorneys, emp	loyees, agents, serv	ants and insure	rs from and fo	r any and all liabili	ity for damages	, costs,
liabilities, losses of services, losses, expense	es, compensations, r	eimbursements	s, actions, rights	s and causes of acti	ion of whatsoev	er kind
and nature, resulting from or in any way a	rising or growing ou	t of, and by rea	ason of, any an	d all known and u	nknown, forese	en and
unforeseen, damages, expenses, costs, los	ses, liabilities, claim	s, damage to pr	roperty, bodily,	personal and psyc	chological injuri	es, and
the consequences thereof, which I may nov	v or hereafter have,	resulting or whi	ich may or will r	esult or arise out o	f, directly or ind	irectly,
the injuries and damages sustained by me	as a result of their to	rtuous or othei	r wrongful cond	duct, including spec	cifically but not	limited
to claims for negligence, gross negligence,	and willful or wanto	on misconduct,	which in any w	ay arise out of or	are related, dire	ectly or
indirectly, to ministering in the above men	tioned missions trip	, including asso	ciated travel, a	nd any and all mat	ters relating the	ereto.

I further warrant that I fully realize that I may sustain unknown and unforeseen losses, costs, expenses, damages, liabilities, claims, bodily, personal and psychological injuries, damage to property or business losses, and the consequences thereof, which may be at this time, heretofore and hereafter, unknown, unrecognized and not contemplated by me, which may or will result from ministering in above mentioned missions trip including associated travel, and all matters incident and related thereto and that no promise or inducement has been offered except as herein set forth and that all agreements and understandings between the parties are expressed herein and that this agreement was executed without reliance upon any statement or representation by EHW or its agents or attorneys, and that I am legally competent to execute this agreement and accept full responsibility therefore and assume the risk of any mistakes of fact and law as to any damages, losses or injuries, whether disclosed or undisclosed, sustained as a result of the above-mentioned ministry(ies) and associated travel, and all matters incident and related thereto.

I grant <u>Aaron Bagwell or Teri Bagwell</u> the consent to obtain medical assistance on my behalf in the event that I am not able to do so myself in the case of an illness, emergency, or accident during the abovementioned dates and to execute consent for any medical care, including surgery, deemed necessary by a duly licensed physician and / or hospital. Any medical expenses incurred in my treatment will be covered by my insurance policy and / or will become my own personal debt without any responsibility of payment by EHW. I voluntarily agree to these terms by signing below.

Signature Date

(This form must be signed by the Parent/Legal Guardian of a minor under the age of 18)



Statement of Liability

EXPECT HOPE WORLDWIDE (EHW) STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY AND AUTHORIZATION TO PARTICIPATE IN MISSIONS TRIP

1. Standards of Conduct

- A. I agree to abide by EHW's conduct regulations and the directions of the group sponsor and his or her designees. I understand that the group sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the mission trip at any time for failure to comply with such standards. EHW reserves that right to decline to retain me on the mission trip an any time should my actions or general behavior impede the mission trip, or the rights and welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of EHW, I understand that I may be required to leave the mission trip at the sole discretion of EHW's agents and representatives. I understand that if my participation in the mission trip is terminated by the group sponsor, I will be sent home with no refund of fees, If I am sent home before completion of the mission trip, I understand that I will be responsible for any and all costs and expenses associated with my return home.
- B. I acknowledge and understand that, while I am a participant, I am responsible for my own behavior and any legal or financial consequences just as I would be at home.

2. Institutional Arrangements

I understand that EHW does not represent or act as an agent for, and can not control the acts of omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the mission trip. I understand that EHW is not responsible for matters that are beyond its control. I hereby release EHW from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

3. Program Changes

I understand that EHW reserves the right to make cancellations, substitutions, or changes to the mission trip in its sole discretion, with or without notice, and that EHW shall not be liable for any loss to the Participants by reason of any such cancellation or change. EHW is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or EHW makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. EHW reserves the right to substitute hotels or accommodations or housing or a similar category at any time. If I become detached from the Mission group, fail to meet a departure vehicle, airplane, boat, or train, I will at mhy own expense seek out, contract, and reach the mission group at its next available destination.

4. Independent Activity

I understand that, if I choose to travel independently before, after or during my free time in the mission trip, such travel will be unsupervised by EHW's agents or employees. I agree that EHW and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

5. Health and Safety

- A. I hereby represent and warrant that I am and will be covered throughout the mission trip by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program, and I release and absolve EHW of all responsibility and liability faor any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during and after the duration of the mission trip. I understand that this Travel Insurance policy is required and that I will purchase it as a part of the mission trip cost.
- B. I understand that I am responsible for ensuring that I am adequately covered by health and accident insurance including periods before, during and after that duration of the mission trip. Evidence of emergency contact information and any information I want EHW to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment and emergency medical evacuation is attached to this agreement.
- C. I agree that EHW, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety, I authorize EHW and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs associated with or in any way related to my medical care.
- D. I agree to report to the group sponsor, as soon as I become aware of such, any physical or mental condition I have which may require medical attention or accommodation while traveling.
- E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the mission trip. I recognize that EHW is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, before, after or during the mission trip, EHW is not responsible for the cost or quality of such treatment or care.

6. Assumption of Risk and Release of Claims

A. I hereby acknowledge my awareness that my participation in the mission trip may expose me to risk of property damage and bodily or personal injury, including death, I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness and criminal acts, as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLE AND PRUDENTLY WITH RESPECT TO MATTERS OF PERSONAL HEALTH AND SAFETY.

I understand and acknowledge that EHW assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses damages, weather, strikes, acts of God, circumstances beyond that control of EHW, wat quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodation, restaurant, transportation, or

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other services or any substitution of hotels or of common carrier or other circumstances beyond EHW's control, with or without notice, or far any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, EHW will not be responsible for my hotel transfers, meal costs, or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by EHW, in its sole discretion, to cancel the mission trip or any aspect thereof after departure, requiring that all participants return home, if EHW determines or believes that any person is or will be in danger of the mission trip or any aspect thereof is continued.

KNOWING THE RISKS DESCRIBED ABOVE, and in consideration of EHW's arranging for my participation in the mission trip, individually and on behalf of any family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, I HEREBY ASSUME THESE RISKS AND RELEASE, WAIVE, AND FOREVER DISCHARGE EHW, its board of trustees and their officers, agents, and employees (the "Releasees") from liability for any and all harm, injury, claims, demands, rights, causes of action, costs and consequenses hereof resulting

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I herby acknowledge that I have read, understand an	d will abide by each of the terms and conditions of this Agreement.
Signature of Participant:	Date:
Print Name:	
parts as may subject me to personal financial respon	rticipant, (b) have read the foregoing Agreement (including such sibility and assumption of risk, (c) am and will be lefally responsible ribed in this Agreement, and (d) agree, for myself and for the
Signature of Parent/Guardian:	Date: