

**SHORT-TERM MISSION TEAMS
JAMES PROJECT OF LATIN AMERICA**

Shadow of His Wings Orphanage

Liberty Christian School

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state in which the participant resides.

I/We expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/We understand that my/our child must provide proof of international accident and sickness insurance coverage as a precondition to participate in this program. I/We will obtain proof of coverage from my/our own family's insurance agent or purchase traveler's insurance as indicated by James Project of Latin America.

I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I/WE SIGN THIS RELEASE VOLUNTARILY AS MY/OUR OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Signature of Parent/Guardian _____ Date _____

Name Printed _____

Signature of Parent/Guardian _____ Date _____

Name Printed _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Notarization of Signature(s) of Parent(s)/Guardian(s)

State of _____)ss

County of _____)

The foregoing instrument was acknowledged before me this _____ (date)

By _____ (person with form).

Notary Public's Signature Seal

My Commission Expires _____

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International Travel Release of All Claims
Participating Students at least 18 Years of Age

Full Name _____

Trip Location and Date _____

Each year, participants come to **James Project of Latin America** to participate on work teams. Some participants travel from countries other than the United States of America. This form is intended to be used by all participants 18 years and older who are participating on such a work team. As a condition for participation in the program, you must complete the International Travel Release and Medical Authorization forms. Please carefully read the information below and fill out and sign both forms.

Acknowledgment of Risk and Liability Waiver Agreement

I have executed this release to **James Project of Latin America** in Monjas, Jalapa, Guatemala. I undertake this international travel and participation on this work team as a voluntary act, knowing that **James Project of Latin America** cannot protect me from risks that may be encountered during this ministry opportunity. I realize there are natural, mechanical, and environmental conditions and hazards that independently or in combination with my activities may cause a serious accident resulting in death, injury, personal property loss, health conditions, or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risks.

I hereby state that I understand these inherent risks and dangers involved with participation in this trip and its associated activities, and acknowledge the existence of risks that are not obvious or predictable, and hereby intend this release to extend to injury or loss that results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

In consideration of being permitted to participate in this trip by **James Project of Latin America**, I and any legal representatives, heirs, and assigns hereby release, waive, and discharge **James Project of Latin America** and its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of any injury to my person or property, even injury resulting in death, while participating in any activity related to or associated with participation in the aforementioned trip and event.

I agree to indemnify **James Project of Latin America** and its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred because of my presence or participation in the aforementioned trip, whether caused by negligence of **James Project of Latin America** or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state of the participant.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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I understand that I must provide proof of international accident and sickness insurance coverage as a precondition to participate in this student program. I will obtain proof of coverage from my local insurance agent or purchase travel insurance from the suggested provider.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

_____ Date _____
(Signature of Person 18 Years of Age or Older)

Signature of Parent/Guardian _____ Date _____
(If participant is still a student in secondary school)

Name Printed _____

Signature of Parent/Guardian _____ Date _____

Name Printed _____

Home Phone (_____) _____ Work Phone(_____) _____

Cell Phone (_____) _____

Notarization of Signatures of Student and Parent(s)/Guardian(s)

State of _____)ss

County of _____)

The foregoing instrument was acknowledged before me this _____ (date)

by _____ (person with form).

Notary Public's Signature Seal

My Commission Expires _____

MEDICAL AUTHORIZATION FORM

**Authorization for Emergency Medical Treatment for Minors
Traveling Internationally**

I/We, parent(s)/guardian(s) of _____, who is age _____, from the following town & state: _____ hereby give permission for him/her to participate in the following **James Project of Latin America** sponsored work/ministry team at the following place: Guatemala.

In case of accident, illness, or other emergency, I/we request that **James Project of Latin America** personnel contact me/us. If the **James Project of Latin America** personnel cannot reach a parent/guardian after conscientious effort, I/we give permission for them to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for **James Project of Latin America** personnel to immediately call paramedics and then contact me/us as soon as possible thereafter.

In the event that I/we cannot be reached to give necessary medical consent, I/we the undersigned grant permission for **James Project of Latin America** to arrange for all necessary emergency care for my/our child. I/We will be financially responsible for such care and for emergency medical transport.

I/We authorize and consent to any X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care that, in the best judgment of a licensed physician or dentist, are deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided.

Signature of Parent/Guardian _____ Date _____

Name Printed _____

Signature of Parent/Guardian _____ Date _____

Name Printed _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Notarization of Signature(s) of Parent(s)/Guardian(s)

State of _____)ss

County of _____)

The foregoing instrument was acknowledged before me this _____ (date)

by _____ (person with form).

Notary Public's Signature Seal

My Commission Expires _____

SHORT-TERM MISSION TEAMS
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Health Insurance Carrier (If other than Global Underwriters)

Policy # _____

Under the Name of

Relationship _____

Name of Family Physician or Pediatrician

Phone Number with Area Code

(____) _____

Allergies (including reactions to medication)

List of Current Medications

Are there any physical or medical conditions we should know about that are not already stated on this form?

MEDICAL AUTHORIZATION FORM

**Authorization for Emergency Medical Treatment for Adults
Traveling Internationally**

I, _____, an adult over the age of 18, am voluntarily choosing to participate on the following **James Project of Latin America** sponsored work team: _____.

In case of accident, illness, or other emergency, I request that **James Project of Latin America** personnel secure my approval before taking any medical action. If I am incapacitated or otherwise unable to give **James Project of Latin America** personnel my personal approval, I give permission for them to call paramedics or any licensed physician or dentist. I authorize and consent to any X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care that, in the best judgment of a licensed physician or dentist, are deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided and for emergency medical transport.

Signature of Adult Program Participant

Signature _____ Date _____

Name Printed _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

Notarization of Signature of Adult

State of _____)ss

County of _____)

The foregoing instrument was acknowledged before me this _____ (date)

by _____ (person with form).

Notary Public's Signature Seal

My Commission Expires _____

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Health Insurance Carrier (If other than Global Underwriters)

Policy # _____

Under the Name of

Relationship _____

Name of Family Physician

Phone Number with Area Code

(____) _____

Allergies (including reactions to medication)

List of Current Medications

Are there any physical or medical conditions we should know about that are not already stated on this form?

If there is a medical or some other type of emergency overseas, whom should we contact on your behalf in the United States?

Name _____

Relationship _____

Phone Number with Area Code

(____) _____