

### ***His Eyes Short-term Mission Trip Policies***

1. All trip participants are required to follow the trip schedule and participate in all group functions. Permission to deviate from scheduled activities must be obtained from the trip leader.
2. The trip leader and the host missionary are the recognized authorities on the trip. Any defiance toward trip leader or host missionary may result in immediate termination of your mission trip and you will be sent home at your expense.
3. Conduct is to be that expected of a Christian person - willing to give and take and maintain the spirit of unity and harmony of the group, to extend politeness and courtesy to those with whom we come in contact (missionaries, nationals, team leaders, team members). A positive attitude is expected!
4. No smoking or tobacco of any form, illegal drugs, or alcohol is permitted.
5. You will be expected to acclimate to the host culture. This may mean eating food you are unfamiliar with or participating in foreign customs. Complaining about or constantly comparing the differences from U.S. culture is considered inappropriate.
6. Pairing off is NOT permitted, as it tends to distract from the real purpose of the trip. Males are not allowed in females' rooms and females are not allowed in males' rooms. Due to cultural considerations, a public display of affection is not acceptable.
7. Separation from the group is not allowed without prior approval by the team leader. Always let the team leader or host missionary know your whereabouts. NEVER wander off or go exploring by yourself.
8. It is important that you dress in a neat, clean, and modest fashion. Your appearance is important not only for the missionary's reputation, but in the way the local people will perceive you. You may have to submit to certain restrictions regarding dress (not wearing shorts) and body piercings (you may be asked to cover nose or other piercings when we are working.)
9. Due to cultural considerations, practical jokes are not permitted.
10. Do not give gifts of any kind to nationals without consulting the host missionaries or trip leader. The preferred method of giving is through structured programs by the host mission. Do not give your address or telephone number to anyone. Correspondence with nationals may be arranged through Felipe and Valerie.

I have read the above policies and I agree to abide by them at all times in respect for the host mission, and its programs and Christian witness.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### CONSENT AND LIABILITY RELEASE AND INDEMNIFICATION

You have chosen to participate in a mission trip to Honduras and you could be subject to personal injury. To participate in this activity, sign this form to release and indemnify His Eyes and all leaders and other organizations involved in this mission trip from liability.

In consideration of being permitted to participate in this mission trip and intending to be legally bound, I, (insert legal name) \_\_\_\_\_, for myself, my legal guardian, my personal representatives, heirs, and next of kin:

1. Hereby release, waive, discharge, and covenant not to sue His Eyes, all leaders, and organizations associated with His Eyes in this mission trip from any and all claims and/or legal liability that I, my legal guardian, my personal representatives, heirs, and next of kin may have against His Eyes in this mission trip, for any and all losses or damages and any claim or demands thereof on account of injury to my person or property, including my death, arising out of the mission trip, including any negligence of the staff of His Eyes and any leaders and organizations involved. Further, I hereby release waive, discharge, and covenant not to sue His Eyes and individuals or other organizations associated with His Eyes in the mission trip for any claims, including, BUT NOT LIMITED TO, sickness, injury, or death that may result from hazardous traffic, poorly constructed roads, dangers resulting from military or political problems, sickness or disease.
2. Hereby agree to indemnify and to hold harmless His Eyes and any of the individuals and other organizations associated with His Eyes in this mission trip from any claims or liability arising out of my participation in this mission trip as additional consideration.
3. Hereby authorize His Eyes and its leaders to make essential decisions on my behalf regarding medical treatment, emergency surgery, or hospitalization should such medical treatment be necessary and should all reasonable and practicable efforts fail in first contacting members of my family and responsible leaders on my visiting mission team.
4. Hereby agree to NOT hold His Eyes, any individuals or other organizations associated with His Eyes in this mission trip responsible or liable for the payment or any medical bills incurred as a result of this mission trip.
5. Hereby agree that in the event that I die while on this mission trip that I, my estate, my legal guardian, my personal representatives, heirs, and next of kin, will assume complete responsibility for the total cost of shipping my body.
6. Hereby agree to read and abide by the rules, regulations, and guidelines set forth by His Eyes and to abide by all decisions made by leaders and those in authority.
7. Hereby agree that in the event that I do make a claim, I, my legal guardian, my personal representatives, heirs, and next of kin, shall pay all legal fees and costs incurred by His Eyes and all individuals and organizations associated with His Eyes in the mission trip to defend against such claims.
8. Hereby assume full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the mission trip, including any acts of negligence or otherwise.

I HAVE READ THIS CONSENT AND LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTOOD ITS TERMS, UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature for waiver:** \_\_\_\_\_

Please complete the following if the participant is less than eighteen (18) years old:  
**Name of legal guardian:** \_\_\_\_\_

**Signature of legal guardian:** \_\_\_\_\_

# HEALTH HISTORY and PARTICIPANT INFORMATION FORM

PASSPORT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Passport # \_\_\_\_\_ Passport Exp. Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_  
List any medications you are now taking: \_\_\_\_\_

Have you ever experienced any of the following medical problems? If so, when?

AIDS/HIV \_\_\_\_\_

TB \_\_\_\_\_

Heart Problems \_\_\_\_\_

Tumors \_\_\_\_\_

Cancer \_\_\_\_\_

Hernias \_\_\_\_\_

Hypertension \_\_\_\_\_

Stroke \_\_\_\_\_

Diabetes \_\_\_\_\_

Polio \_\_\_\_\_

Liver Disease \_\_\_\_\_

Asthma \_\_\_\_\_

Seizures \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Heat Exhaustion \_\_\_\_\_

Frequent Infections \_\_\_\_\_

Please explain if you have answered yes to any of the above. Use the back of this form if you need more room. List any other past or present medical problems.

\_\_\_\_\_  
Recent surgeries: \_\_\_\_\_

When did you last see a physician and for what reason? \_\_\_\_\_