

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 will have to submit to certain restrictions regarding dress (not wearing shorts) and body piercings (females will be asked to cover nose or other-than-ear piercings, males all piercings, when you are here.)
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? _____

His Eyes Covid-19 Travel Requirements and Positive Test Emergency Plan

REQUIREMENTS

Per orders issued by the Centers for Disease Control (CDC), the following requirements MUST be fulfilled in order to travel to and from Honduras with His Eyes. This is federal law and there are criminal penalties for violating the order. There are also criminal penalties for an individual who willfully gives false or misleading information. The inability to comply with these requirements will result in the inability to travel with His Eyes. These requirements and the procedures stated herein are subject to change.

1. Prior to LEAVING the US and entering Honduras COVID-19 Travel Requirements

- Unvaccinated travelers are required to take a COVID-19 test no more than 72 hours (3 days) prior to boarding the flight to Honduras. These tests may be of the Antigen or PCR type. (An ANTIBODY test will NOT be accepted)
- If travelers have had and recovered from COVID-19 within 90 days prior to travel (contact us and or the airline to see how to proceed as this procedure has changed)
- If fully vaccinated, Honduras does allow as of January 2022 for you to enter Honduras just presenting your vaccine card. However, given the close quarters experience during a group setting, we highly recommend everyone getting tested 72 hour or less before coming, even if vaccinated, for the group's overall safety and limiting exposure.

2. Prior to RETURNING to the US from Honduras COVID-19 Travel Requirements

- Currently as of July 2022, a COVID-19 test is not required to enter the USA

POSITIVE TEST EMERGENCY PLAN

How individuals traveling with His Eyes will be tested prior to travel back to the US:

We have a local laboratory near our campus that does antigen tests, cost is approximately \$20.

Procedure for a positive test result in Honduras:

- Our host staff (Felipe, Valerie and/or Oscar) will be immediately informed of the positive test result.
- His Eyes will provide transportation to the quarantined individual back to His Eyes campus in Tegucigalpa.
- The quarantined individual will stay in the duplex and or mission house (which one depending on availability) and will be restricted to that facility for the duration of their quarantine, unless they decide to seek medical treatment at a facility of their choosing and expense and leave our campus until their quarantine is ended there.
- His Eyes' fee is \$50/day, which includes three meals per day, plus transport to airport for eventual rescheduled flight.
- The quarantined individual will responsible for making all travel arrangements necessary for return to the US at the end of the quarantine and for any/all costs, change fees, and other expenses resulting from the quarantine not otherwise addressed herein.

By signing below, I acknowledge I have read and understand the above information, and that I am solely responsible for the risk associated with all requirements for travel associated with Covid-19. In addition, I hereby RELEASE, FULLY DISCHARGE, AND COVENANT NOT TO SUE His Eyes from any and all liability should I test positive prior to my departure flight from Honduras to my final destination and AGREE that His Eyes has no obligation to provide for my care if I become quarantined and am required to remain in Honduras beyond the scheduled duration of my trip, other than as set forth herein.

If traveler is a minor, the following should be completed by a parent or primary caregiver:

Signature

Signature

Print Name

Print Name

Date

Date