



**MERCY AND GRACE MINISTRIES**  
**"Kingdom Builders Standing in the Gap"**  
**P. O. Box 2333**  
**Jamestown, NC 27282**  
**[mercyandgraceministries.org](http://mercyandgraceministries.org)**

**Mission Trip Information**  
**Waiver and Release Agreement**

Name on Passport \_\_\_\_\_ Date of Trip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Passport Number \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name Emergency Contact Person \_\_\_\_\_  
Emergency Contact Phone Numbers \_\_\_\_\_  
Health Insurance issued in the name of \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_  
Group / Policy # \_\_\_\_\_ Phone Number \_\_\_\_\_

**Waiver and Release**

AS A VOLUNTEER ON THIS OVERSEAS PROJECT, I UNDERSTAND THAT THERE ARE CERTAIN RISKS AND DANGERS THAT ARE INHERENT WHILE TRAVELING AND PARTICIPATING IN SUCH A PROJECT. SOME OF THOSE DANGERS INCLUDE ACCIDENTS WHILE TRAVELING, ACCIDENTS WHILE WORKING (FALLS, CUTS AND OTHER INJURIES FROM POWER EQUIPMENT, ETC.), SICKNESS AND OTHER ACCIDENTS OR INJURIES, FORESEEABLE AND UNFORESEEABLE, THAT MIGHT POSE A RISK TO ME OF PERMANENT INJURY OR DEATH. THROUGH MY EXECUTION OF THIS AGREEMENT, I HEREBY FULLY AND PERSONALLY ASSUME THE RISKS OF POTENTIAL INJURY, ILLNESS OR DEATH THAT COULD RESULT FROM SUCH INHERENT RISKS AND DANGERS. IF I ACCEPT A TERM OF VOLUNTEER SERVICE, I UNDERSTAND THAT MERCY AND GRACE MININISTRIES, INC. DOES NOT ASSUME ANY RESPONSIBILITY FOR LOSS OF PROPERTY, DAMAGE OF THE SAME, PERSONAL HARM OR INJURY OR ILLNESS THAT MAY COME, AND I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, DISTRIBUTES AND ASSIGNS, DO HEREBY ABSOLVE ALL SPONSORING BODIES AND HOLD THEM HARMLESS

FROM ANY CLAIM OR DEMAND WHICH I OR MY AGENTS OR HEIRS MIGHT CONCEIVABLY ASSERT UPON MERCY AND GRACE MINISTRIES, INC.

PARTICIPANT ACKNOWLEDGES THAT PARTICIPANT HAS READ AND UNDERSTOOD THE FORGOING INFORMATION AND AGREES TO ABIDE BY ALL OF THE TERMS AND CONDITIONS FOR THE TRIP, INCLUDING ALL MERCY AND GRACE MINISTRIES POLICIES AND DIRECTIVES. PARTICIPANT HAS HAD AN OPPORTUNITY TO INDEPENDENTLY EVALUATE THE RISKS OF TRAVEL TO HONDURAS AND WILLINGLY ACCEPTS THOSE RISKS AS A PARTICIPANT ON THE TRIP. PARTICIPATION IN THE TRIP IS VOLUNTARY.

PARTICIPANT HEREBY WAIVES, RELEASES AND FOREVER DISCHARGES MERCY AND GRACE MINISTRIES, INC., AND ITS DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS, OF AND FROM ANY AND ALL CAUSES OF ACTION, LIABILITY, DAMAGES AND CLAIMS WHATSOEVER, KNOWN OR UNKNOWN, ARISING OUT OF OR IN ANY WAY CONNECTED WITH OR RELATED TO THE TRIP, INCLUDING, WITHOUT LIMITATION, ANY CLAIM OR LOSS FOR ACCIDENT OR INJURY OR ILLNESS WHILE IN HONDURAS, REGARDLESS OF THE CAUSE, AND REGARDLESS WHETHER DUE TO ANY NEGLIGENT ACT OR OMISSION OF MERCY AND GRACE, INC. OR ITS DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS.

PARTICIPANT ACKNOWLEDGES THAT TRIP PAYMENTS MADE TO MERCY AND GRACE MINISTRIES, INC. ARE NOT REFUNDABLE FOR ANY REASON. MERCY AND GRACE MINISTRIES, INC. RELIES UPON SUCH PAYMENTS IN INCURRING CERTAIN EXPENSES IN ADVANCE OF THE TRIP AND IN COVERING OTHER MINISTRY COSTS. MERCY AND GRACE MINISTRIES, INC. IS NOT RESPONSIBLE FOR DELAYS, CANCELLATIONS OR OTHER TRAVEL CHANGES MADE BY AIRLINES, OR THE EFFECTS SUCH CHANGES MAY HAVE ON THE TIMING AND DURATION OF THE TRIP.

PARTICIPANT ACKNOWLEDGES THAT THE GLOBAL COVID PANDEMIC INCLUDES THE RISK OF COVID EXPOSURE AND ILLNESS DURING TRAVEL AND DURING THE STAY IN HONDURAS. PARTICIPANT FURTHER ACKNOWLEDGES THAT THERE ARE SPECIAL COVID RESTRICTIONS ON TRAVEL, INCLUDING TRAVELING TO HONDURAS AND RETURNING TO THE UNITED STATES FROM HONDURAS. AMONG OTHER THINGS, PARTICIPANT MAY BE REQUIRED TO SHOW PROOF OF VACCINATION OR PROOF OF A NEGATIVE COVID TEST WITHIN A CERTAIN NUMBER OF HOURS BEFORE TRAVEL.

A. PARTICIPANT IS RESPONSIBLE FOR VERIFYING AND COMPLYING WITH ALL COVID TRAVEL RESTRICTIONS

B. PARTICIPANT UNDERSTANDS THAT IF PARTICIPANT DOES NOT COMPLY WITH COVID TRAVEL RESTRICTIONS, OR TESTS POSITIVE FOR COVID WHILE IN HONDURAS, PARTICIPANT MAY NOT BE ALLOWED BACK INTO THE UNITED STATES UNTIL PARTICIPANT MEETS ALL REQUIREMENTS FOR RE-ENTRY.

C. PARTICIPANT AGREES THAT IF PARTICIPANT IS NOT ALLOWED BACK INTO THE UNITED STATES FOR ANY REASON, INCLUDING TESTING POSITIVE FOR COVID, PARTICIPANT IS SOLELY RESPONSIBLE FOR PARTICIPANT'S MEDICAL CARE, FOOD AND LODGING, GROUND TRANSPORTATION, FLIGHT CHANGES, AND ANY OTHER NEEDS UNTIL PARTICIPANT CAN RETURN TO THE UNITED STATES. PARTICIPANT AGREES TO PAY THE COSTS OF ALL SUCH ARRANGEMENTS

D. IN ADDITIONAL TO ALL OTHER RELEASES IN THIS AGREEMENT, PARTICIPANT RELEASES MERCY AND GRACE MINISTRIES, INC. FROM ANY AND ALL LIABILITY IN CONNECTION WITH ANY COVID EXPOSURE, ILLNESS OR TEST IN CONNECTION WITH THE TRIP, AND FURTHER RELEASES MERCY AND GRACE MINISTRIES, INC. FROM ANY RESPONSIBILITY FOR ANY COSTS INCURRED BY PARTICIPANT IN CONNECTION WITH ANY MEDICAL CARE, FOOD AND LODGING, GROUND TRANSPORTATION, FLIGHT CHANGES, AND ANY OTHER NEEDS INCURRED BY PARTICIPANT AS A CONSEQUENCE OF COVID.

PARTICIPANT FURTHER ACKNOWLEDGES THAT EXECUTION OF THIS AGREEMENT, WITH THE WAIVER AND RELEASE, IS A CONDITION TO PARTICIPATION ON THE TRIP, AND THAT MERCY AND GRACE MINISTRIES, INC. IS RELYING ON THIS AGREEMENT, INCLUDING SPECIFICALLY THE WAIVER AND RELEASE AND THE PARTICIPANT'S VOLUNTARY ASSUMPTION OF THE RISKS OF TRAVEL TO HONDURAS, IN PERMITTING PARTICIPANT TO PARTICIPATE IN THE TRIP.

\_\_\_\_\_  
Participant Signature

Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian if Under 18

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I certify that the following person personally appeared before me this day, acknowledging to me that he/she voluntarily signed the foregoing document, UNDER SEAL, for the purpose stated therein [FILL IN NAME OF PERSON SIGNING]: \_\_\_\_\_

Date: \_\_\_\_\_

[Affix Notary Seal]  
My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_  
Printed Name: \_\_\_\_\_