



h.o.w? Ministry Waiver and Release of Liability

I, _____, plan to participate in a short-term mission trip to Kenya, Africa. I understand the actual itinerary and activities that I participate in may vary. I recognize that participation in this short-term mission trip and its activities may be hazardous and dangerous. I willingly assume all risks associated with the trip.

I acknowledge that I have been advised to seek counsel from my medical professional to understand the possibility and potential for contracting disease or parasites or suffering other adverse health consequences during my short-term mission trip. I understand that such diseases, parasites, or health conditions may cause or result in serious health problems and may be fatal. I am aware that **h.o.w? Ministry** strongly advises me to obtain vaccinations and/or immunizations recommended by my medical professional and the Center for Disease Control www.cdc.gov for travel to Kenya.

After careful consideration of these risks, I have either received all recommended vaccinations and/or immunizations or have declined to receive them due to my personal beliefs, religious beliefs, or medical contraindications. I agree that my decision to decline receipt of any or all recommended precautionary measures increases my risk of contracting disease and suffering other adverse consequences.

Therefore, in consideration of the privilege to participate extended to me by **h.o.w? Ministry**, and on behalf of myself, my heirs, executors, administrators, successors and assigns, I do hereby waive, release, and forever discharge **h.o.w? Ministry** and its partners, employees, directors, officers, agents, representatives, and volunteers from any and all actions, omissions, causes of action, claims and/or damages arising from, relating to, or resulting from my participation in the mission trip including, but not limited to, injury, expense, cost, damage, loss, illness, or death. I expressly agree that this release waiver is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and the United States Government and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives. If any portion of this waiver and release is held invalid, it is agreed that the balance shall continue in full legal force and effect.

By signing or typing my name and date, I acknowledge that I have read, understood, and execute this waiver on _____, 20_____.

Signature of applicant _____ date _____

Printed name _____

Witness signature _____ date _____