

GHE Ministries

Guidelines for International Travel to Promote the Health and Safety of Volunteers and Staff

It is very important that volunteers and staff be prepared for the challenges and potential risks that come with overseas missions. There may be unfamiliar cultures, languages and traditions, political instability, outbreak of war and violence, terrorism, kidnapping, assault and robbery, diseases and health hazards.

To prepare you for the challenges and risks presented with overseas missions, and to ensure that you make informed decisions about your trip, GHE Ministries requires that all those desiring to be part of our trip do the following prior to departure from the United States.

1 – Participate in the ministry’s cultural orientation and preparation for the trip.

2 – Gather current information, and document findings on the Completion Form concerning any political problems or health hazards which may place them at risk. Current information is to be gathered directly from the following sources:

U.S. State Department - Phone 202-647-5225
Internet:<http://travel.state.gov>

Centers for Disease Control - Phone: 1-800-232-4636
Internet: <http://www.cdc.gov/travel/caribbean.html>

World Health Organization - Internet: <http://www.who.int/en>

3 – Complete all GHE Ministries forms received and return them to Dr. Jean Cadet after being signed and notarized.

4 – Obtain medical travel advice and immunizations appropriate for Haiti.

5 – Obtain medical and accident insurance with provisions for emergency evacuation to a U.S. medical facility.

6 – Designate persons in the U.S. who may be contacted in the event of an emergency.

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Guidelines for International Travel to Promote the Health and Safety of Volunteers and Staff Completion Form

I, the undersigned volunteer/staff, have consulted with the following organizations regarding travel advisories to Haiti.

U.S. State Department: <http://www.state.gov/> Phone: 1-888-407-4747

Information Obtained: Travel safety guidelines, current political situation

Centers for Disease Control: <http://www.cdc.gov/> Phone: 1-800-232-4636

Information Obtained: Immunization information, ID information

World Health Organization: <http://www.who.int/en/>

Information Obtained: Immunization information, ID information

I have adequate medical, accident and emergency evacuation insurance through,
_____ (please attach evidence of coverage).

Name of Company

Policy Number:

Participant Signature _____ Date _____

Printed Name _____

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Release, Indemnification of All Claims and Covenant Not to Sue

I hereby acknowledge and agree that participation in the trip to Haiti is solely my decision. I further understand that GHE Ministries, the Seventh-day Adventist Church Organization, and other parties and persons working with and organizing this trip do not control every aspect of the travel, and there is a certain amount of risk in traveling abroad to do medical and evangelistic works. I acknowledge that I am ultimately responsible for my safety. My decision to participate in the mission is completely voluntary. I have full knowledge of the nature and extent of the risks associated with travel to Haiti including:

All manner of injury resulting from or associated with transportation to and from Haiti. All manner of injury resulting from or associated with traveling and residing in Haiti, including but not limited to detention, annoyance, quarantine, strikes, failure of conveyances to move as scheduled, civil disturbances, criminal acts such as thefts, kidnapping, assault and robbery, injury to my person or property, storms, hurricanes, fire, unfamiliar cultures, languages and traditions, political instability, outbreak of war and violence, terrorism, diseases and health hazards. All manner of injury resulting from or associated with staying in a location and participating in medical or evangelistic work not based in the United States, including injuries that may occur due to different standards of care applied to other areas of medical or religious practice. All manner of injury resulting from the use of any vehicle, the occurrence of strikes, war, governmental restrictions or regulations, or the acts of omissions of any water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company, or personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the medical trip, whether I am being supervised or not, and however the injury or damage is caused.

I acknowledge that the above is not inclusive of all possible risks associated with my participation in the trip, and that the above in no way limits the extent or reach of this release and covenant not to sue. I further acknowledge that I am voluntarily assuming these risks.

In consideration of GHE Ministries and those mentioned above permitting me to participate in the trip, I hereby waive and release GHE Ministries, the Seventh-day Adventist Church organization and those persons working directly or indirectly to organize this trip from and against all claims or causes of action which I may have, now or in the future, relating to any injury, loss damage, accident, delay or expense. I hereby agree to exonerate these parties from and against any and all obligations or liabilities for which I may become liable as the result of damage or injury to the person or property of others while participating in the trip. I expressly acknowledge and agree herein parties shall not be responsible for any injury or loss whatsoever suffered by me during a period of independent travel while in Haiti.

I further waive and release on behalf of myself, my heirs, representative, executors, administrators and assigns, GHE Ministries, the Seventh-day Adventist Church organization, and those directly and indirectly involved with the trip organization from any cause of action,

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claim, demand, loss, delay, expense, or cost of any nature whatsoever, which I my heirs, representatives, executors, administrators and assigns may have now or in the future against so mentioned parties on account of participation in this trip. I understand that I will be solely responsible for any loss or damage including death, I sustain with participating with this trip. I hereby relieve GHE Ministries, the Seventh-day Adventist Church organization, and all those associated with this trip including individuals of all liability for such loss, damage or death.

I hereby certify that I am in good health, and that I have no physical or psychological limitations that would preclude my safe participation in the trip. I further certify that I have or will secure health insurance to provide adequate coverage for any injuries and/or illnesses that I may sustain or experience while participating in the program including coverage for medical evacuation and repatriation of remains. By my signature below, I certify that I have confirmed that my health coverage will adequately cover me while outside the United States, and I hereby release GHE Ministries, the Seventh-day Adventist Church organization, and all those associated with this trip from any and all responsibility and/or liability for health care costs and other expenses for injuries or illnesses, including death, that I may incur.

I agree that should any portion or aspect of this release be found to be unenforceable, that all remaining portions will remain in full force and effect.

I have completed the requirements set out in the Guidelines for International Travel to Promote the Health and Safety of Volunteers and Staff and have completed and submitted the Emergency Contact Form.

I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it of my own free will and after having the right to consult with an advisor, counselor or attorney of my choice.

IN WITNESS WHEREOF, this instrument is duly executed in _____

This _____ day of _____ 20____.

Volunteer or Staff Name Printed

Notary Public Signature

*Volunteer or Staff Signature
(Parent signature if minor)*

Expiration Date ___/___/_____

Notary Stamp Here