

Impact Nations Template Travel Waiver

We're **delighted** that you're choosing to join us in this Journey of Compassion! Impact Nations will be doing everything possible to make it an experience you'll never forget and a major milestone in your personal development. We believe that you are coming with every intention to serve God and your fellow man and that you have no intention of entering into legal conflict with this ministry for any reason. However, it is an unfortunate reality that mission travel involves some risks and in order to keep our insurance costs as low as possible (and therefore keep the trip cost low as well) we ask that you sign this Waiver form. If you have any questions or concerns, please contact us toll free at 1 877 736 0803.

Please indicate that you have read and met the following requirements by initialing below:

1. Face Masks

I acknowledge and will comply with regulations when face masks are required for all travelers on air travel, both in airports and on flights.

2. Covid Testing

I have read and will comply with current testing requirements for travel to both the destination nation and my home country. Link to current CDC travel restrictions for US residents:

- [US CDC Requirements](#) Initial _____

Country of Residence Initial _____

- [CA Requirements](#)
- [AU Requirements](#)
- [MW Requirements](#) Initial _____

I recognize that the current global COVID 19 situation is fluid and subject to change. I take full responsibility for all costs incurred by compliance with local or international regulations or laws outside the dates of the JOC.

In the event that I receive a positive Covid test result, I am responsible for all additional expenses incurred as a result. This includes flight changes, extended hotel stay, and medical costs. I understand that many travel insurance policies do not currently cover Covid related expenses and that it is my responsibility to read and understand my insurance policy.

3. Health and Travel Advisories

I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country in which I will be located during the Journey of Compassion (JOC), including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control and Prevention health advisory information relating to travel abroad found at <https://wwwnc.cdc.gov/travel>, and any additional information available from the World Health Organization website (<https://www.who.int/>). With knowledge of this

information (or that which is available within my country of residence), I have made the independent judgment to participate in the JOC. I take full responsibility for travel both to and from the JOC location and agree that I will assume all risks of any such travel.

- <http://travel.state.gov>
- <https://wwwnc.cdc.gov/travel>
- <https://www.who.int/>

4. Extended Stay beyond the JOC dates

I agree that as a JOC participant I will arrive and depart the host country within the time frame designated for the JOC. Any JOC participant requesting to stay in the destination country beyond the JOC dates must have approval from Impact Nations prior to purchasing their ticket. There will be no expectation of the national hosts beyond the JOC dates. I acknowledge that the insurance purchased to cover me during the JOC is only for the designated JOC dates.

5. Extra Costs

I understand that I will be responsible for any additional expenses beyond those covered for the JOC and agreed to by Impact Nations. Should I make travel arrangements outside of Impact Nations and do not arrive or leave within the time frames indicated by the JOC document, it will be my responsibility to pay any additional costs for me to join the group.

6. Health Insurance; Medical Care; Other Emergencies

I understand that I am responsible for obtaining any recommended immunizations or specific medical testing before traveling to my destination. I understand that some destination countries require certain immunizations and that Impact Nations can deny my participation if I don't comply.

During my participation in the JOC, I will carry written proof of valid and current primary medical insurance (Impact Nations requires a copy of the medical coverage). I understand that Impact Nations will purchase secondary medical insurance on my behalf. I have reviewed my coverage and have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the JOC. I will be solely responsible for payment in full of any costs of medical care beyond my insurance coverage.

I authorize Impact Nations to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify Impact Nations for any and all actions taken by Impact Nations to provide or obtain emergency medical care for me during the JOC. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, Impact Nations may contact the "emergency contact individual" that I have provided. I understand that Impact Nations ordinarily will not initiate such contact without first having a discussion with me.

7. Evacuation

In the event of an evacuation order due to threat of violence, weather, pandemic, or other factors, I agree to abide by Impact Nations' evacuation instructions to ensure my safety and that of the entire group. In the event of an evacuation, I will assume any additional costs that are not covered by my travel insurance. These expenses may include—but are not limited to—food, lodging, ground transportation, and airfare.

8. Standards of Conduct

I recognize that I have an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with all of Impact Nations' policies and guidance with respect to the COVID-19 pandemic as set in this Agreement, and in any JOC-specific materials; and with the policies of my host (if any). I will become informed of, and will abide by, all such laws, regulations, standards and policies, including without limitation those involving smoking and the use and sale of drugs and alcohol, and promise to act responsibly and with respect for persons and property. I will refrain from conduct that is improper, offensive, or otherwise inappropriate for the JOC and/or for ministry in a cross-cultural environment generally, or that is potentially detrimental to my own or others' health or safety. I agree that Impact Nations has the right to enforce all standards of conduct described above.

9. Impact Nations Documentation and Training

I have read and agree with Impact Nations Travel Documentation, I have supplied the required documents, reviewed training videos and orientation to participate in the JOC.

GENERAL RELEASE

Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the JOC. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Impact Nations, and its governing board members, and employees from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property, or for any other damage, which I may suffer, or for which I may be liable to any other person, related to my participation in the JOC (including periods in transit to or from my destination), resulting from any cause, including but not limited to negligence on my part or on the part of any of the released parties.

I certify that I am 18 years of age or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document.

Date: _____ Printed Name _____

Signature _____

If applicant is 18 years of age or under, a signature from his/her parent or legal guardian is required;

Date: _____ Printed Name: _____

Parent/Guardian Signature: _____

This Unity Agreement is good for one year from this date: _____