

Liability Form for Project Help Guest House

The accompanying document contains information and a liability release for the guest house that we stay at while in Haiti. We will be staying with Project Help Haiti, part of Cross-Cultural Ministries, Churches of God. It helps them immeasurably if they can know a little about our group and why we are coming. It will help make your visit safe, enjoyable and worthwhile. Please fill it out, and mail, fax or email it back to Hands for Haiti so they can be sent together in one envelope to the Project Help main office. Thanks!

Legal Name: _____ Birthdate: _____

Email: _____ City/State: _____

Insurance Information:

Passport Number: _____ Gender: _____

Beneficiary (full name, not self): _____

Visitors come for a variety of purposes and reasons. All are welcome and your visit will be much more enjoyable and productive if we know why you are coming.

Please consider carefully why you are coming to Haiti. Please check as many as are appropriate and/or write on the lines below.

- Come to work and to work hard
- Come to do a specific task or tasks
- Come for a vacation
- Come to see if missions are for me
- Come to see, study, and learn about missions.
- Come to provide spiritual enrichment for the missionaries
- Come to provide spiritual enrichment for the Haitians
- Come to do a little work, a little sightseeing, and a little learning (common)
- Come along because someone else is coming (pretty common, too)
- Come to find fault or to complain (not very common)

Trip Dates:

Or specify: _____

Health Information:

Special needs: _____ Allergies _____

Dietary restrictions (Vegetarian? Or foods you dislike or cannot eat): _____

Skills in which you are fairly proficient: (Check all that apply)

- | | | | |
|-------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> plumbing | <input type="checkbox"/> painting | <input type="checkbox"/> organizing supplies | <input type="checkbox"/> sewing |
| <input type="checkbox"/> electrical | <input type="checkbox"/> mechanic | <input type="checkbox"/> music | <input type="checkbox"/> teaching: _____ |
| <input type="checkbox"/> carpentry | <input type="checkbox"/> body work | <input type="checkbox"/> upholstery | <input type="checkbox"/> ministry |

List specific talents/skills or elaborate on above: _____

*I understand Churches of God, General Conference will not be held responsible for an illness or accident that might occur while in Haiti and I will provide for my own personal accident/health insurance. I understand that as a short term mission volunteer, I may be traveling to and from, and living and working in areas that are dangerous, both in the United States and foreign countries. Particularly, and without limiting the above acknowledgement, I understand that if I travel outside of the United States: 1. Medical and dental service may be inadequate or totally lacking; 2. I may be exposed to illnesses and diseases; 3. Law enforcement may be inadequate or totally lacking; 4. Motor vehicle travel may be dangerous and motor vehicle laws may not be observed nor enforced; 5. Food and water may be unsanitary, unsafe, and dangerous; 6. There may be social unrest, terrorism, insurrection, revolution or war. I further understand that the above listing of dangers is meant to be illustrative only, that many other dangers exist, and that I may be exposed to them in one form or another. With full knowledge of the above, I have decided to expressly assume the risk and volunteer with CGGC, CCM.

*In addition to the above, I agree to refrain from unscriptural conduct in the performance of my service on behalf of the CGGC. By signing this form, I also give the CGGC the permission, right, title, and interest in any and all photographic images and video or audio recordings made during my ministry trip.

*I understand that I am required to have travel insurance for my stay and that Volunteer Missionary Insurance is included in my team fee. Should I choose not to take the insurance provided, I understand I will not be refunded that portion of the fee, and I must provide proof of other coverage.

_____ (signature required) _____ (Date)