

SHORT-TERM MISSION TRIP RISK STATEMENT

This Risk Statement is to advise participants of the potential risks involved in living and working in third world developing nations and to realize and take full responsibility for the consequences as one assumes those risks. Living and working in other cultures carries with it certain risks not found or associated with work in an industrialized nation such as the United States. These risks can include hazards to both your person and property through cross-cultural offenses, accident, disease, criminal, terrorist acts, weather conditions or inadequate medical services and supplies. There can be added emotional and physical stress due to loneliness, culture stress and long hours. We realize that it is not possible for us to predict, or fully prepare you for every circumstance you will face. However, it is our goal to advise all members of Grace and all participants in Grace missions of the assumed risks associated with mission work in a foreign country and Grace's policies, through this Risk Statement. We ask that you gather as much information as you feel necessary and, when you are completely satisfied and confident that this is what God wants you to do, read this form and if you agree, sign and return the application form. Keep a copy of this form for your records.

Grace Church will not assign any member or participant to a particular ministry or area against their will. This means the final choice of ministry and area of service rests ultimately with you. Leadership may, in fellowship with you, give direction in areas of need and availability of programs but the final decision on service or participation in a program rests with you. Should you feel at any time that your area of service is no longer appropriate, you have full right to end your service and return to your passport country at your own cost and risk.

In the event of an emergency that requires medical services while on the field, all reasonable efforts will be made to provide the necessary service. If an evacuation is needed for more specialized care than is available in the designated area of ministry, that will be coordinated with and under the direction of the medical/evacuation insurance provider that is required for your participation in the Grace mission trip. You will be required to adhere to the list of immunizations and vaccinations before you travel to the country of ministry.

Special Note: In view of the fact that many insurgent, guerrilla, and criminal groups commit crimes of kidnapping or other forms of criminal extortion as a means for demanding the payment of ransom, it is important that you understand Grace's policy in this area. We are deeply concerned for the well being of each of our members, and will pray and labor diligently for the release of any member taken hostage. However, it is the policy that Grace Church opposes the payment of ransom in any form, cash, commodities or services." Therefore members and participants in Grace missions should not assume that ransom will be paid for their release. Grace requires that, as part of the post-crisis de-briefing, all members who were held hostage be interviewed by a counselor approved by the Elder Board of Grace.

Liability and Waiver Release In consideration of me or my minor aged child being allowed to participate in the trip sponsored by Grace, its partners and/or agents and in consideration of the benefits to be derived there from, I or my minor aged child hereby release Grace, its partners and/or agents and their present and former elders, pastors, directors, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in a Grace sponsored mission trip. I recognize that the conditions in some of the places to which I, my spouse, or my child

will travel may not be of the same standard as the conditions to which I or my minor aged child is accustomed. I or my minor aged child further realizes that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason I, my spouse, or my child is unable to complete the planned stay on the mission trip, I assume full responsibility for all expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; anesthesia; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate). I expect my family to be contacted as soon as possible. This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the person to contact listed on the application.

Signature Sheet

Signatures below will indicate the following:

- I have read the Grace doctrinal statement and agree to respect it in all regards and not propagate convictions not contained therein.
- Having read the Risk Statement, I am aware of the hazards and risks to my person and property associated with serving overseas in a missions capacity.
- This is to certify that I will not hold Grace liable for injury, disease, or delay of return, or any other claims, while undertaking a Short Term Mission trip with Grace.
- I understand and accept the Grace policy regarding ransom payments described in the Risk Statement.
- I bear the full responsibility for all costs incurred on my behalf, even if I withdraw from the team at a later date.
- I understand that donated funds sent in to Grace for the trip realized are not refundable.

All the information I have provided in this application is true to the best of my knowledge.

Applicant's signature _____ Date _____

(If the person signing is under age 18, a parent or legal guardian must sign below)

I hereby certify that I am the parent or legal guardian of the individual named above, and I give my consent without reservation to the foregoing on behalf of him or her.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date