

Release and Waiver of Liability for Participation in the ICM Vision Trip

to El Salvador on 10/3-10/7 .
(country) (trip dates)

I, the undersigned participant, as an inducement for International Cooperating Ministries (“ICM”) to allow me to participate in upcoming Vision Trip (“VT”), have agreed to enter into this Release and Waiver.

I, the undersigned participant, understand that my participation in the VT involves international travel. I am aware and fully recognize that there are potential dangers and risks associated with international travel and other activities in which I will be participating as part of the VT, and ICM is not responsible for any injuries or illnesses that I may suffer during my participation in the VT, but I desire to participate in the VT, despite the potential dangers and risks related thereto. Therefore, I assume all risks associated with the VT.

I, the undersigned participant, hereby agree to waive any and all claims for loss, liability, damage, expense, and costs that I or my personal representative or others may have against ICM and its agents, representatives, officers, directors and employees (collectively, the “Representatives”) resulting from or relating to any injury, death, illness, loss or damage sustained or claimed by me or my personal representative or others arising from my participation in the VT, whether caused by my negligence or the negligence of ICM or its Representatives or the negligence of others. Further, I, the undersigned participant, hereby agree to indemnify, save and hold harmless ICM and its Representatives from and against any Claims, including, but not limited to, the costs of defending any such Claims, including attorney’s fees, which might be made against me by others, arising from my participation in the VT. Furthermore, I, the undersigned participant, agree to waive any claims against ICM or its Representatives for any loss or damage to any of my personal property, including, but not limited to my baggage, which might occur during my participation in the VT.

I, the undersigned participant, acknowledge that ICM has provided information to me related to International Medical Insurance coverage (the “International Medical Insurance”). Further, I, the undersigned participant, acknowledge and agree that ICM has made no representations or warranties as to the completeness or adequacy of coverage provided by the International Medical Insurance and that I am solely and absolutely responsible for the review of the International Medical Insurance policy to determine what claims are covered thereby. I, the undersigned participant, also understand that my primary health insurance plan may not pay a claim incurred outside of the United States (including, but not limited to, claims incurred during my participation in the VT), and that I am solely and absolutely responsible for confirming whether such coverage exists under my policy.

I, the undersigned participant, further expressly agree that the foregoing Release and Waiver shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia. In the event that any portion of this Release and Waiver shall be declared invalid, unenforceable or void, the remaining provisions of this Release and Waiver shall remain in full force and effect.

COVID-19 Consent

I, the undersigned participant, understand that as the worldwide COVID-19 Coronavirus pandemic remains ongoing at this time and acknowledge that for this reason, and other reasons not reasonably foreseeable at this time, these travel plans may be interrupted or canceled by the supplier that is providing them, a government entity or other third party over which ICM has no control. I, the undersigned participant, further acknowledge that the supplier's own cancellation, re-booking and refund policies, subject to any applicable law that is now or may later be in effect, will govern my rights and remedies, including my right to receive a refund, in such an event. Moreover, I, the undersigned participant, understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances. By signing below, I hereby agree to hold ICM harmless and release them from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these travel plans.

I, the undersigned participant, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while traveling. Such exposure or infection may result in personal injury, illness, permanent disability, and possible death. I, the undersigned participant, voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with this Vision Trip.

I, the undersigned participant, understand that as travel opens around the world, all destinations, airports, air carriers, hotels, restaurants, transfer companies, car rental companies, shops and excursions have established COVID-19 safety measures and precautions which may change from day to day. These safety measures may include, but are not limited to: curfews, attraction closings and reduced hours, size of group gatherings, social distancing requirements, health screenings, mask wearing, self-quarantine requirements and COVID test results. By signing this agreement, I accept ultimate responsibility for myself and my traveling party to have all the necessary provisions for travel (such as COVID test results, pre-travel questionnaires, etc.) Moreover, I understand that I have sole responsibility and financial duties for the necessary documents (such as COVID test results, pre-travel questionnaires, etc.) considering COVID-19, in order to travel to my specific destination.


Photographic Consent

I, the undersigned participant, give permission to ICM to use my likeness (visual and audio content) to share ICM's mission of nurturing believers and assisting Church growth worldwide. I understand that this content may be used in print publications, online publications, presentations, websites, commercials, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I, the undersigned participant, have read, understood and voluntarily signed this Release and Waiver, and further agree that no representations, statements or inducements, other than as explicitly set forth herein have been made. I, the undersigned participant, recognize that this Release and Waiver shall be effective and binding upon me and my heirs, next of kin, executors, administrators and assigns. I, the undersigned participant, have read this entire Release and Waiver, and I fully understand it and agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS, PLEASE READ CAREFULLY BEFORE SIGNING.

Participant Name: Amber Brittain

Participant Signature: 

Date: 2/18/24