

Release and Waiver of Liability for Participation in the Vision Trip to Guatemala on February 7-11 with International Cooperating Ministries

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 Waiver and Release.

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

I, the undersigned participant, have read, understood and voluntarily signed this Waiver and Release, 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 Waiver and Release 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 Waiver and Release, and I fully understand it and agree to be legally bound by it.

ICM has my, the undersigned participant, permission to use my photos to share ICM's mission of nurturing believers and assisting Church growth worldwide.

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

Participant Name: _____

Participant Signature: _____ Date: _____