



HANDS & FEET MINISTRIES – HOPE OF LIFE
RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER,
AND PERMISSION FOR TREATMENT FORM FOR MINORS

Hands & Feet Ministries, Hope of Life International, and Esperanza de Vida, their board, agents, servants, and employees, hereinafter “HFM/HOLI/EDV”, act only as an agent for the TRAVELER in connection with all aspects of TRAVELER’S trip to Hope of Life International and Esperanza de Vida, commencing on the 1st day August of, 2026, and continuing until the 18th day of October, 2026 and it is understood and agreed that HFM/HOLI/EDV assumes no liability for injury, damage, loss, accident, medical expenses, delay, or irregularity which may be occasioned for any reason whatsoever, due to its own acts of omissions or through the acts or omissions of any company or person engaged by HFM/HOLI/EDV for the purpose of transporting or housing TRAVELER, or in carrying out the arrangements of the trip, and HFM/HOLI/EDV accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to HFM/HOLI/EDV to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any trip prior to departure, in which latter case a full refund will constitute full settlement to TRAVELER. No refund will be made for any unused portion of the trip unless arrangements are made prior to departure from the United States of America. The use of illegal drugs is strictly prohibited throughout the trip. HFM/HOLI/EDV reserves the right to send any team member home at their own expense if there is an infraction of the rules or guidelines agreed upon or if deemed necessary by HFM/HOLI/EDV staff in order to protect the safety, reputation, and work of the organization within the country. You will be responsible for any costs incurred by your actions. I, the Undersigned, do hereby verify that the information given in the Medical Information section of my application is correct and do hereby release and forever discharge HFM/HOLI/EDV from any and all claims for injury, illnesses, or other damages I might have in the future as a result of my leaving the United States of America and visiting foreign countries, including my stay in any such foreign country, and travel to any such foreign country.

I further give HFM/HOLI/EDV and/or their representative with me on any such trip, authority to request medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while traveling to and from any foreign country.

I (We) have read the foregoing and understand that the above binds my executor, administrators, heirs, and me and is a full and complete release of liability of HFM/HOLI/EDV.

Traveler Signature: _____

Traveler Printed: _____

Name Date (MM/DD/YYYY): _____

The UNDERSIGNED are the legal parents or guardians of the TRAVELER, referred to above, and agree(s) to the foregoing RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER, AND PERMISSION FOR TREATMENT FORM. UPON SIGNING THIS APPLICATION, YOU AGREE TO THE FOLLOWING:

I, the undersigned, understand that:

- a. If I am not able to raise all the money needed for my trip, any portion already submitted to HFM/HOLI/EDV is non-refundable. If only a portion of the money needed is raised, it will remain in an account for me for up to 12 months. In that period of time, I can use the money towards another trip with HFM/HOLI/EDV. After 12 months, if for any reason I am unable to make the trip, the money can be donated to the general fund account for HFM/HOLI/EDV.
- b. There is a possibility of my trip being postponed due to unforeseen forces of nature or political "unrest" within the country. In these events, the trip would be moved to a later date selected by my team leaders.
- c. HFM/HOLI/EDV is not responsible for any articles lost, stolen, or damaged before, during, or after my trip.
- d. HFM/HOLI/EDV is not responsible for any accidents, sickness, or illnesses that may result during or from this trip.
- e. In the event of sickness, illness, or accident during my trip, I am fully responsible for all medical, doctor, and hospital fees and expenses.
- f. HFM/HOLI/EDV has permission to take film, video, and/or audio recordings, slides, and photographs of me during my trip. I understand that these images may be reproduced and used by the organization and partnering organizations for publicity and media usage, including, but not limited to, websites, printed publications, etc., to maintain the integrity of the organization and the safety of the people they minister to. Without further consideration, I grant the organization the right to crop or treat the media at its discretion.
- g. To protect the safety and security of others, I agree that I will not publish the names of persons in pictures taken of the mission, the children, or the people we meet while working at Hope of Life International or Esperanza de Vida.
- h. I will adhere to the rules and regulations of HFM/HOLI/EDV. I will respect the staff and leadership of the organizations and the customs of the country in which I am visiting.
- i. I have read the application in full and agree to abide by the rules of HFM/HOLI/EDV. I HAVE FULLY READ THE ABOVE AND UNDERSTAND THE SAME.

Father Signature

Father Printed Name Date

(MM/DD/YYYY)

Mother Signature

Mother Printed Name

Date (MM/DD/YYYY)

Please print and sign two copies of this form. One copy is to be retained by you, and one copy is to be signed, notarized for minors, and returned immediately to HFM.

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

Printed Name of Notary Public

My commission expires: _____

[Notary Seal / Stamp]