**Short-Term Mission Trip Liability Release Form**

**Mission HELP Uganda**

**The following form must be completed in its entirety and returned to Feminine Life Rebuilders by April 1st.** Please print, fill out, and return it ASAP.

Trip Information Location of mission trip: Mbale, Uganda Date(s): September 9-21, 2024.

**Important:** Trip participant is responsible for his/her own trip-related insurances (e.g., health/accident insurance, flight/baggage insurance, etc.). Participant Information (To be completed by participant. Please print clearly.)

Name (as it appears on your passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important: Passport must have at least six months left prior to trip date. If not, you must submit for a new passport.

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place (State) of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social security number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current allergies, illnesses, physical conditions, or medications: (attach separate paper if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is participant covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance policy or group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following are additional questions asked on the eVisa Application:

Country of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s full name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your father \_\_\_\_ Alive \_\_\_\_ Deceased \_\_\_\_ Unknown

Mother’s full name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your mother \_\_\_\_ Alive \_\_\_\_ Deceased \_\_\_\_ Unknown

Spouse’s full name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s contact number (if different from emergency contact) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s next of kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of kin’s contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent visits to other countries in the last 3 months? If so, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any offense under any system of law? \_\_\_\_\_\_\_\_\_\_

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In consideration of my being accepted by Feminine Life Rebuilders for participation in the upcoming ministry/mission team to Mbale, Uganda, I certify: (PLEASE INITIAL EACH PARAGRAPH)

**Agreement of Volunteers**

\_\_\_\_\_\_\_\_ Feminine Life Rebuilders a North Carolina State not for profit company organized and existing under the law of the State Of North Carolina located hereby agrees with the undersigned who as a volunteer, shall perform service as a volunteer missionary in conjunction with Feminine Life Rebuilders on said mission to Mbale Uganda:

\_\_\_\_\_\_\_\_WHERE AS, the undersigned volunteer is desirous of volunteering his/her services for the said mission with Feminine Life Rebuilders, and that said undersigned volunteer hereby agrees as follows:

\_\_\_\_\_\_\_\_ I understand this trip will be registered with the U.S. Embassy in Uganda. I agree to forward Feminine Life Rebuilders a copy of my passport for the purposes of U.S. Embassy Group Registration.

\_\_\_\_\_\_\_\_ I am in good health and have received or will receive all vaccinations recommended by the CDC and/or my personal physician for this trip. In addition, I certify that I am not having any Covid-19 related symptoms and that I will submit for testing prior to leaving the United States and/or prior to leaving Uganda at my own expense if I begin to show symptoms.

\_\_\_\_\_\_\_\_ I acknowledge (1) that travel to and in Uganda involves hazards not customarily encountered when traveling in America, (2) Medical facilities in Uganda may be substandard and that should a medical emergency develop during my trip, it is unlikely that I will receive medical care in Uganda equivalent to that available in America, and (3) Working conditions in Uganda are often inferior to conditions in America. I accept and assume all risks and hazards from this trip, both known and unknown, including but not limited to the risks and hazards identified.

\_\_\_\_\_\_\_\_ I have been informed that Feminine Life Rebuilders does not carry insurance against any of the risks I may encounter in Uganda, and I acknowledge that Feminine Life Rebuilders has advised me that Feminine Life Rebuilders does not accept any responsibility for an injury, loss, or damage not covered by my own personal health/accident/trip insurance. I acknowledge that Feminine Life Rebuilders has recommended that I carry or obtain primary medical insurance to cover possible medical needs during this trip and Feminine Life Rebuilders has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

\_\_\_\_\_\_\_\_ I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damages or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. I authorize Feminine Life Rebuilders to approve medical treatment on my behalf if necessary. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of medical care I might receive.

\_\_\_\_\_\_\_\_ In consideration of being allowed to participate in this trip, I hereby warrant and represent that I am age 18 or above and freely waive, release from liability, assume all risks, and covenant not to sue Feminine Life Rebuilders or its members, officers, directors, employees, board members, agents, or volunteers for any expense, loss, damage, personal injury, including loss of life, disability, property damage, or property theft or actions of any kind that I may hereafter suffer or sustain before, during, or after the trip. This Release and Waiver is specifically binding upon my heirs and assigns and is knowingly given.

\_\_\_\_\_\_\_\_ I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend, and indemnify Feminine Life Rebuilders, or its members, officers, directors, employees, board members, agents, or volunteers, from any and all liability, including any and all claims, demands, causes of action (whether known or unknown), suits, or judgments of any and every kind, including reasonable attorneys’ fees, arising from any injury, property damage, or death that I may suffer as a result of my participation in this trip, regardless of whether the injury, damage, or death is caused by the negligence of Feminine Life Rebuilders or otherwise.

\_\_\_\_\_\_\_\_ The undersigned volunteer further agrees that, should they become injured in any way for work arising out of or in connection with said missions, or projects, they hereby agree and stipulate to only look to their personal insurance to cover any claims for loss, liability, damage, or claims for expenses for medical bills and/or loss wage, which may occur as a result of injuries sustained during volunteer service.

\_\_\_\_\_\_\_\_ The undersigned waives his/her rights to subrogation, or his/her right to assign any right of recovery to any insurance carrier but their own.

\_\_\_\_\_\_\_\_ I acknowledge and agree that this Release and Waiver shall be construed in accordance with the laws of the Commonwealth of North Carolina, without respect to its conflict of laws principles, and that I agree to the exclusive jurisdiction and venue of the state and federal courts located in the Commonwealth of North Carolina. I further agree that if any portion of this Release and Waiver are held invalid, the remaining provisions shall continue in full force and effect.

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**PHOTO/VIDEO USE AGREEMENT**

\_\_\_\_\_\_\_\_ I hereby agree to allow Feminine Life Rebuilders to use and store my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the trip.

\_\_\_\_\_\_\_\_ I hereby agree to allow Feminine Life Rebuilders to use any stored data including my name and image in printed or electronic publications or any website created by or for Feminine Life Rebuilders for its sole benefit.

By signing below, I acknowledge that I have read this document in its entirety. I acknowledge and warrant that the information that I have provided on this Release and Waiver is true and correct to the best of my knowledge. I further agree to immediately notify Feminine Life Rebuilders of any change in the information presented. I understand that this Release and Waiver is valid and legally binding.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year of 20\_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC