



Release of Claim - 2017

El Ayudante Missions, Inc. /
Mision Internacional El Ayudante

*This release must be completed by each team member and given to the team leader. The team leader will bring the team's forms to Honduras to be given to El Ayudante.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

Passport #: _____ Sex: _____ Occupation: _____

Church/Organization Name: _____ Phone: _____

Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Phone number(s): _____

Statement of Activities and Release:

By signing below, I hereby release and discharge **El Ayudante Missions, Inc**, and **Mision Internacional El Ayudante**, and the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the missions organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, arising out of mission service. I intend to be legally bound by this statement.

I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks, voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working and inadequate medical facilities, etc.

Team Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If youth under 18)