

# Waiver and Release of Liability of The Zika Virus

In consideration of my trip to Honduras, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that Children's Impact Network (CIN) and its insurers, employees, officers, directors, and associates, shall not be liable for any damages related to the Zika Virus, and I acknowledge that CIN is not liable for anyone who is affected or contaminated by the Zika Virus through me. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and the possible damages and infection of the Zika Virus spread to my sexual partner, and I hereby fully and forever release and discharge CIN, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising from the infection of the Zika Virus.

I expressly agree to indemnify and hold the CIN harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my sexual partner, relating to the Zika Virus.

I agree to be solely responsible for safety of myself. I acknowledge that sexual transmission of Zika Virus from a male partner is possible, and that the Zika Virus can cause issues in pregnancy like serious birth defects and other poor pregnancy outcomes, among other illnesses as well.

I agree to comply with all rules imposed by CIN regarding my safety. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from health-risk situations relating the Zika Virus.

I acknowledge that I can access information of the Zika Virus in Honduras through the Centers for Disease Control and Prevention (The current link to date is: <http://wwwnc.cdc.gov/travel/notices/alert/zika-virus-honduras>).

I acknowledge that I can also access information of the Zika Virus through the World Health Organization (<http://www.who.int/en/>).

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

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

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

Print Name: \_\_\_\_\_

# HLC Mission Trip Consent Form

*Please Initial All Boxes*

1. I confirm that I have read and understand all the information provided in the handbook. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that it is my responsibility to abide by the dress code provided in this handbook and I understand I will be asked to change if I do not. (No tank tops, low cut shirts, no short shirts, no low-rise pants, no short shorts, and no tight fitting clothes.) Refer to page 4 of the handbook for a more detailed explanation.
3. I understand that in order to travel to Honduras my passport must be valid for at least 6 months from the return date on my ticket.

Name of Participant: \_\_\_\_\_

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

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

\*I understand that if I email this document that my typed name is my valid signature.

## RELEASE OF LIABILITY FORM

The undersigned person in consideration of being granted the privilege of participating in the following on the premises of or under the sponsorship of Children's Impact Network (CIN):

1. **Function/Activity:** **Mission Trip**

2. **Location:** \_\_\_\_\_ Bolivia \_\_\_\_\_ Colombia \_\_\_\_\_ Cuba \_\_\_\_\_ Honduras \_\_\_\_\_ Chile

3. **Team Traveling With:** \_\_\_\_\_

Does hereby acknowledge that attendance at this function or participation in this activity involves some risk of injury, including the possibility of serious injury and therefore agrees to the following.

1. I knowingly and freely assume responsibility for risks both known and unknown, including but not limited to: any sickness, accident, death, terrorist acts, kidnapping, theft, acts of God or for any other expense beyond that of normal involvement arising from my attendance and/or participation in the above.
2. I agree to comply with the ordinary and customary terms and rules of my participation and I will voluntarily remove myself should I encounter any reasons for not participating and bring such to the attention of the appropriate ministry authority. If I should require medical attention of any sort during the above identified function or activity, permission is given to CIN or other appropriate supervising adults to act in my behalf in seeking such necessary medical attention.
3. I agree and contract that CIN is not responsible for anyone who is affected or contaminated by the Zika virus through me. I expressly agree to identify and hold CIN harmless against any and all claims, demands, damages, rights of action, causes of action, of any person or entity, that may arise from the injuries or damages sustained by me or my sexual partner relating to the Zika Virus. I agree to be solely responsible for the safety of myself.

### Ethical Standards

Children's Impact Network expects the members of our mission teams to conduct themselves with ethical standards, therefore, the following will not be allowed:

Sexual Misconduct  
Theft  
Illegal Activity  
Insubordination  
Alcohol and/or Tobacco Use

Display of any of these activities while on the mission trip will result in immediate dismissal, and loss of the cost of the mission trip. Obscene language, inappropriate dress, insubordination, or any other behavior considered detrimental to our witness for Jesus Christ, or reflection of CIN will be confronted and could result in dismissal from the ministry team. Should such dismissal be deemed necessary, the participant will be required to pay applicable transportation costs back to their US airport of original departure. I also testify that I have never been involve or convicted of any crime. (If yes, please explain)

I give CIN the right to use my voice, photograph, personal testimony, and video of myself for any form of promotions.

My signature (as well as my parent/legal guardian if I am under 18) signifies my approval of all limitations listed in this document.

**Participant:** \_\_\_\_\_  
(Please Print Name) (Signature) (Date)

**Parent/Legal Guardian:**

\_\_\_\_\_  
(Under 18 Years Old Only) (Please Print Name) (Signature) (Date)

\*After completing this form, please print, sign, date, and give to your team leader, or email it to [Natalie@cinonline.org](mailto:Natalie@cinonline.org)\*

**THIS FORM MUST BE SIGNED**