

Hannah's Hands International, Inc.

P.O. Box 5097
Cary, NC 27512-5097
USA

www.hannahshands.org

LIABILITY WAIVER

I, the undersigned, desiring to visit foreign countries with Hannah's Hands International, Inc. (HHII) to participate in Medical Clinics and other ministry activities organized by HHII, do hereby release and forever discharge HHII and its respective officers/directors and representatives from any and all claims for any and all injuries, losses or damages I might have on or in any way relating to such ministry activities, including, without limitation, those relating to me leaving the United States of America and visiting foreign countries, including my stay in any such foreign country and my trip to and from any such country.

I am eighteen (18) years of age or older, or the parent/ guardian of the participant if under eighteen years of age, and this Liability Waiver is binding on me and my executor, administrators, and heirs.

I give HHII and its representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such ministry activity, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse HHII for all costs and expenses incurred by it with respect to such treatment.

The parties to this Liability Waiver are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). The participants understand that these Short Term Mission trips are designed for spiritual growth and service to our Lord and Savior and waive their right to file a lawsuit in any court against HHII and or one another for any disputes.

Signature of Short Term Mission participant:
Country (ies) to be visited
Date:

Signature of Spouse (if not accompanying):

Signature of Parent or Guardian (if visitor is under 18 years old):

Participant's Home Address:
City, State, and Zip

Home Phone: Country(ies) to be visited

ACKNOWLEDGEMENT:

State of County of On this day of, 20
before me, the undersigned, a Notary Public in the State of, personally appeared
known to me to be the person/persons whose name/names
is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Notary Public in and for said State

My commission expires on