

## WAIVER AND RELEASE OF LIABILITY

I, the undersigned, agree to all of the terms and conditions of this Release of Claims and Waiver of Liability (referred to below as “Release”). This Release is executed in favor of the following organizations and persons: Bridges of Hope, Inc., a South Dakota non-profit organization, P.O. Box 8265, Rapid City, SD 57709, Hope International Ministry, a Liberian Organization, (individually and collectively the “Sponsors”) and their respective board members, directors, agents, assigns, affiliates, volunteers, and employees.

**Mission Program:** Sponsors are providing an opportunity for volunteers to participate in Christian missionary and healthcare services in the Republic of Liberia located in the Continent of Africa (“Mission Program”). I understand that I will be participating in the Mission Program as a volunteer and not as an employee.

**Hazards and Risks:** I acknowledge and understand there are inherent risks and dangers associated with any type of international travel and that: 1) the U.S. Department of State publishes alerts and warnings related to international travel on its website at: <http://travel.state.gov?content/passport/en/alertwarnings.html> , 2) the Centers for Disease Control Information publishes health information and travel recommendations on its website at: <http://www.cdc.gov/travel/> . I assume responsibility for reviewing the contents of these websites and keeping current with any changes that may be posted.

I understand that COVID 19 pandemic safety guidelines provide that in the event I receive notice of a positive COVID test prior to departing Liberia, I will be required to remain quarantined in Liberia for ten days prior to departure.

**Assumption of Risk:** I further understand that any travel, volunteer work, or other activities I undertake in connection with and while participating in the Mission Program involves inherent danger to my health, life and property from conditions which are beyond the control of Sponsors, but not limited to, exposure to disease organisms, environmental hazards, crime, accidents, negligence, and political instability. I hereby expressly assume all the risks, both known and unknown, arising from these conditions.

**Release and Waiver:** In consideration for being permitted to participate in the Mission Program, I hereby release and forever discharge Sponsors and their directors, agents, assigns, affiliates, volunteers, and employees (“Released Parties”) from any and all claims, liabilities, injuries, losses, damages or costs of any kind or of any nature that arise from, are caused by or are in any way related to my activities in connection with or while participating in the Mission Program. I freely and voluntarily acknowledge and agree that this Waiver and Release of Liability discharges the Released Parties from any liability or claim that I may have, or come to have, against any or all of the Released Parties with respect to bodily injury, personal injury or property damage that may result from or relate to my activities in connection with or while participating the Mission Program. I also understand that the Released Parties will not assume any responsibility for, or pay for, or provide for any medical treatment or care, whether short

term or long term, I may require as a result of injuries sustained, or illnesses contracted, during or as a result of my activities in connection with or while participating in the Mission Program.

**No Insurance:** I understand that the Sponsors do not assume any responsibility or obligation to provide financial or other assistance to me if I am injured while serving as a volunteer. The Sponsors have no obligation to provide medical or health insurance, disability insurance, workers compensation coverage, or any other insurance to provide benefits or coverage to me if I suffer an injury, illness, medical evacuation, death, or property damage while serving as a volunteer. I affirm that I have insurance sufficient to cover any injury or damage I may suffer or cause in connection with or while participating in the Mission Program.

**Medical Treatment:** In an emergency, I give permission to a Mission Project volunteer licensed physician to request and authorize medical and/or hospital treatment for my benefit in the event of an injury or sickness sustained by me while participating in the Mission Program. I understand that every reasonable effort will be made to contact my emergency contact before such actions are taken. I hereby release and forever discharge the Released Parties from any claim which arises or may arise on account of first aid, treatment or any service rendered to me in connection with my activities in the Mission Program.

**Photographic Release:** I hereby knowingly and willingly consent to the unrestricted free use in any form of any photographs, interviews, films, videotapes or other visual or auditory recordings, in any medium, including the internet, of me that the Released Parties or others may create in connection with my participation in the Mission Program. I waive any right I may have or come to have to inspect or approve the finished project. I also acknowledge and agree that I am not entitled to any compensation for creation or use of the finished project.

**Severability:** If any provision of this Waiver and Release of Liability is held to be invalid, illegal or unenforceable in any respect then such provision shall be declared null and void and the remainder of the provisions of the Waiver and Release of Liability shall remain in full force and respect.

**Governing Law:** This Waiver and Release of Liability shall be construed in accordance with the laws of the State of South Dakota. In addition, the rights and obligations of the Parties under the terms of this Waiver and Release of Liability shall be determined in accordance with the laws of the State of South Dakota.

I desire to volunteer to participate in the Mission Program as a matter of personal growth and Christian service. In order to induce the Sponsors to permit me to participate in the Mission Program, and in consideration of the opportunity provided by the Sponsors for me to participate in the Mission Program, I have read, understand, and agree to be fully bound by the terms of this Waiver and Release.

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**Signature (Volunteer)**

**Print Name**

**Date**

Bridges Of Hope West Africa  
Short Term Medical Mission Outreach  
**VOLUNTEER REGISTRATION 2025**

By completing this form:

I commit to joint the Bridges of Hope Medical Mission Outreach trip for 2025

I understand the trip dates are March 13—29, 2025

I understand a trip deposit in the amount of \$ **1,800** is due October 18

Make check payable to Bridges of Hope, leave the Memo section blank – (payment now tax deductible)

Mail check to: 6406 Muirfield Drive, Rapid City SD 57702

**SECTION I: CONTACT INFORMATION**

Legal Name as it appears on Passport

Mailing Address

City State

Zip Code

Email Address

Cell Phone

**SECTION II: GETTING TO KNOW YOU**

Internal Travel Experience:

First Time                      1-3 Trips                      Extensive

Have you ever participated in a mission trip? (medical or non-medical)

Yes                      No

Airport of Departure

Birthdate

Gender

**SECTION III: PROCESSING INFORMATION**

Passport Number                                      Passport Expiration Date

**Your passport must have an expiration date of a minimum of 6 months AFTER the scheduled return date**



Bridges Of Hope West Africa  
Short Term Medical Mission Outreach

several blocks to and from facilities and do not have any dietary requirements for which I am not able to sufficiently personally provide.