



## INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, \_\_\_\_\_ (here after "team member") desires to participate in the voluntary medical outreach mission to \_\_\_\_\_ (Country) from the dates of \_\_\_\_\_ to \_\_\_\_\_ (the "mission"), and

WHEREAS, the team member desires to help provide free will services to the needy population of the Under-developed nation being served by the mission;

NOW, THEREFORE, in consideration for the satisfaction of service, personal and/or spiritual growth, educational experience, and other good and valuable consideration, the receipt of which is hereby acknowledged:

The team member hereby irrevocably and unconditionally agrees to release FaithCare, its team leader, its Board of Directors, its Advisors and Consultants, and all others associated with FaithCare, from any and all costs, expenses, liabilities, attorneys fees, or any other damages, claims, or suits for damages, personal injury, wrongful death, or property loss/damage related in any way to the mission.

The team member hereby also expressly assumes responsibility for this inherently dangerous activity, including, but not limited to, express assumption of the following risks: Lost, stolen, or damaged property; automobile, plane, mechanical, pedestrian, or any other accidents; medical illnesses; infections, including bacterial, fungal, parasitic, viral, HIV, etc.; post-traumatic stress, depression, or mental anguish; uprisings within the Country, imprisonment, difficulty entering or leaving the country, victim of deceit or fraud, death from natural or unnatural causes, consequences of not providing adequate personal protection against the natural elements/conditions or diseases.

I hereby acknowledge that I have read the "informational packet" regarding the missionary trip to \_\_\_\_\_ (the "packet") and have had an opportunity to talk with the team leader and any advisors of my choosing about the risks inherent in the mission.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
city state month year

\_\_\_\_\_  
Witness (signature) team member (signature) date

\_\_\_\_\_  
Interpreter (if needed)

Return Form to your team leader or FaithCare Headquarters:

FaithCare, Inc.  
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Reading, PA 19601  
(860) 904-2870  
[hope@faithcare.net](mailto:hope@faithcare.net)  
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