**

**Policy Agreement, Permission, and Release of Liability**

* ***Please complete each of the four gray blanks in the text with the appropriate information.***
* ***Print 4 completed, two-sided copies of the form, and have each copy notarized (required).***
* ***If on a team, please give 3 copies to your team leader 30 days before departure to the field.*** *The 4th copy* ***i****s for your own record.* ***Team leader****: For each team member, please send at least 3 weeks prior to departure 1 notarized copy of this form* *to the appropriate address below. Give 1 copy to your church leaders, and bring 1 copy with you to the field.*
* ***If going as an individual****, please send at least 3 weeks prior to departure 1 notarized copy of this form to the appropriate address below. Give 1 copy to your sending church, bring 1 copy to the field to give to the ReachGlobal staff or appointed host, and 1 copy is for your own records.*

I do hereby acknowledge that I,       (your name) , consent to participate on a short-term mission in       (location) during these dates       with the ReachGlobal team serving there, including but not limited to, foreign and domestic travel, ministry training, construction, outreach ministry, sightseeing, sports, recreation, and debriefing.

 I agree to abide by any policies and procedures as are deemed necessary, for my management and safety, by the short-term mission leaders and/or supervisory personnel of and/or ReachGlobal. I realize that infraction of rules, misconduct, or culturally inappropriate behavior will result in my dismissal from the short-term mission. In the event that I am dismissed, I agree to return home immediately, entirely at my own expense. I understand that there will be no refund of the short-term mission package cost.

 I, of my own free will and under no duress whatsoever, do absolutely and unconditionally release EFCA, ReachGlobal,       (my church), their agents, employees, and volunteers from any liability whatsoever for any damage, loss, accident, hardship, injury, sickness, disease, or death that I may sustain for any reason during my travel and service with ReachGlobal, or from any other cause, event or occurrence, including, but not limited to, natural disasters, animal attack, terrorist acts, war, civil disturbances, and alleged negligence. I acknowledge and accept that, in any travel and on any construction site, there is inherent risk. I hereby fully and voluntarily accept such risk, and serve entirely at my own risk.

 I fully understand and agree that ReachGlobal is opposed to the payment of ransom for the return of its members or their families who have been kidnapped for financial reasons, taken hostage for political reasons, or seized for any other purpose or reason. I agree to support the Crisis Management Team (CMT) appointed by ReachGlobal, should such an event occur, and further agree not to interfere with or bypass the crisis management process established by said CMT.

 Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text is available at [www.HisPeace.org](http://www.HisPeace.org)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

 I understand that ReachGlobal does not accept responsibility for any lost, damaged, or stolen personal property.

 Furthermore, ReachGlobal and its appointed short-term mission leaders, and/or personnel have my permission to authorize medical treatment, including administration of medication, anesthesia, emergency surgery, or hospitalization for me as is deemed necessary by the aforementioned and the attending physician. I agree to assume complete financial responsibility for all medical bills incurred by me, and agree to reimburse ReachGlobal fully for medical payment made on my behalf. My major medical insurance policy covers me while I am abroad, or if not, I will purchase short-term medical insurance that will cover me on this short-term mission.

 I agree to assume total financial responsibility for me to travel home immediately if it is necessary to dismiss me from the short-term mission for either disciplinary or medical reasons.

 I do willingly affix my signature in full and unreserved agreement with all of the aforementioned statements and agreements.

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**Legal signature of team member** **Date**

**Subscribed and sworn to before me on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and seal of notary public My commission expires**

**Emergency contacts for:** ­­­­­­­­­­­­­­­**­­­­­­­­­­­**

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Email:

**If you need short-term medical**

**insurance we recommend:**

**Gallagher Charitable International**

**Insurance Services**

1-803-758-1400

<http://www.aaintl.com/>

Or **Insurance Services of America**

1-800-647-4589

<http://www.missionaryhealth.net/shortterm/>

Or **Your Travel Agent**

**Health Insurance Company that will cover you**

**during your Short-term mission experience:**

Company name:

Policy:       Account:

**Primary emergency contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email:

**Alternate emergency contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email:

**Pastoral contact:**

Relationship to team member/leader:

Address:

City:       State:       Zip:

Home phone:       Work phone:       Cell phone:

Work hours:       Email: