

# TRAVEL RELEASE FORM

Name:	M__ F__	DOB: (mm/dd/yy)
Address:		
City:	Prov:	PC: Trip Dates:
Home Phone:	Cell Phone:	
Home Email:	Alternate Email:	
<b>Section 1: Emergency Contact Information</b>		
In case of emergency, primary contact is:		
Name:	Relationship:	
Address:		
City:	Prov:	PC: Email:
Day Phone:	Cell/Evening Phone:	
In case of emergency, secondary contact is:		
Name:	Relationship:	
Address:		
City:	Prov:	PC: Email:
Day Phone:	Cell/Evening Phone:	
<b>Section 2: Insurance Information</b>		
Do you have travel insurance coverage?		
Insurance Company:	Policy Number:	
Phone:		
<b>Section 3: Immunizations</b>		
<p>Immunizations need to be up-to-date. Please check with your physician and/or <a href="http://www.cdc.gov">www.cdc.gov</a> and/or <a href="http://www.phac-aspc.gc.ca">www.phac-aspc.gc.ca</a> to ensure you are current.</p> <p>It is solely the traveler's responsibility to obtain information on required/recommended travel immunizations and precautions.</p>		
<b>Section 4: Medical Information</b>		
Do you have any allergies?		
Do you have any special dietary restrictions?		
Do you have any pre-existing medical conditions that may limit your ability to participate?		
Are you currently taking any prescription medication(s)?		
Name of drug:	Dosage:	Frequency:

## GENERAL PROVISIONS (Please read the following and sign affidavit)

### I. Permission to Treat (must sign affidavit below)

In the event that I become incapacitated and am unable to order medical treatment on my own behalf, I authorize **The Samaritan Foundation** or other trip participants to authorize and consent to an X-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care to be rendered to me under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical

personnel acting under their supervision in the treatment found necessary for the correction of conditions considered detrimental to my health and well-being. The undersigned warrants that he/she has fully read and understands this Permission to Treat agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

## **II. Release and Covenant (must sign affidavit below)**

The undersigned understands and acknowledges hereby being invited to participate with **The Samaritan Foundation** in certain travel activities connected with its business activities and ministry activities. The undersigned has been informed and understands the risks that may result from such participation including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident, disease, or death. The undersigned nevertheless has voluntarily chosen to participate in and travel with **The Samaritan Foundation** accepting the risk and responsibilities.

## **III. Permission to Leave Country - under age 21, upon departure (must complete Schedule "A" AND notary required if not accompanied by legal guardian)**

The undersigned legal guardian understands the trip itinerary and gives permission for the participant to travel outside of Canada to the **Dominican Republic** and during the trip dates with a group traveling with **The Samaritan Foundation**.

## **IV. Extraction**

The policy of **The Samaritan Foundation** is that it will not pay ransom or yield to demands of any individual or group. In the event of an arrest or detention by legitimate governments or other forces, **The Samaritan Foundation** will do everything within its power and resources to gain release. In the event of threats to the life, **The Samaritan Foundation** shall use legitimate, prudent means, including evacuation, if necessary, for safeguarding life. If, for whatever reason, I am individually or in a group, involved in a kidnapping, piracy, or hijacking, I hereby agree to allow **The Samaritan Foundation** or their delegate to represent me and my family in any negotiation proceedings. I, the undersigned, understand and agree to abide by **The Samaritan Foundation's** policy.

## **V. Entry of Foreign Country**

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication or immunization that may be personally required for travel with **The Samaritan Foundation**. The undersigned further acknowledges having had the opportunity to consult with legal counsel with respect to rights and obligations under this Travel and Release form and the legal effect thereof.

## **VI. Agreement Not to Sue (must sign affidavit below)**

Having been appraised of the risks, and in consideration of allowing the undersigned to travel with **The Samaritan Foundation**, the undersigned hereby releases and covenants not to sue **The Samaritan Foundation** employees, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with **The Samaritan Foundation**.

## **VII. Talent Release**

The undersigned also gives The Samaritan Foundation and their subsidiaries, affiliates, licensees, successors and assigns the right to use my or my child's (if participant is a minor) name, likeness, voice and/or testimony in any form of promotional or advertising materials. This grant shall extend to any and all remakes and reissues of this production, and to any and all phases of the utilization of the photos or video, including publicity, promotion, advertising and marketing.

## **VIII. Accompanying Traveler**

**The Samaritan Foundation** trips could include travel into the poorest areas of developing countries. Conditions could be uncomfortable and physically challenging including extended periods of walking on rough/unpaved paths, with possible demanding climbs, potential periods at high elevation, and long travel times requiring use of modern and primitive, private and public transportation services which may lack accommodations for people with physical disabilities. **The Samaritan Foundation** may require an accompanying traveler at the expense of the participant to monitor and assist with specific or medical needs for such people with physical disabilities. The right is reserved to

decline participation for any person as a trip member for any reason which affects the operation of the trip or the rights and enjoyment of the other trip members.

**IX. Code of Conduct**

**The Samaritan Foundation** is a Christ-centered, evangelical organization committed to releasing children from poverty in Jesus’ Name through partnership with local evangelical churches in developing countries. By participating on a **Samaritan Foundation** trip, I understand that I am perceived as a representative of **The Samaritan Foundation**, whether as a sponsor/donor/partner or guest, and I agree to conduct myself according to Christian principles in the context of the local culture of the destination country. I agree to defer to and uphold standards communicated by trip leaders regarding specific behaviors that may be considered offensive or inappropriate in the local Christian context. I understand and agree that any behavior that puts the long-term ministry of **The Samaritan Foundation** at risk may result in trip dismissal at my expense. I agree to participate in scheduled activities arranged by **The Samaritan Foundation** authorized Trip Leader. I additionally agree to adhere to **The Samaritan Foundation’s** travel safety standards as communicated by trip leaders.

**X. Child/Visitor Code of Conduct**

For everyone’s protection, it is important that **The Samaritan Foundation** trip members avoid even the appearance of inappropriate conduct when interacting with children. The following guidelines are intended to protect children in **The Samaritan Foundation** projects, as well as **The Samaritan Foundation** trip members, from abuse and wrongful allegations of abuse. 1. A **Samaritan Foundation** staff member will accompany visitors at all times during an individual visit. 2. A visitor may only go to a child’s home if invited and accompanied by a staff member. 3. Visitors may not stay overnight with children, whether in a staff member’s home or elsewhere. 4. Visitors may not ask for or accept accommodations at the project or with the family of the sponsored child. 5. Visitors must avoid flirting, unwelcome flattery or suggestive comments. 6. Visitors will be educated on how to be culturally sensitive in expressing affection to children. 7. Visitors may not give any personal contact information to a child or his or her family nor ask for or record a child’s contact information.

<b>PHYSICAL REQUIREMENTS. I have the ability to participate in the following:</b>	
Periods of walking on rough/unpaved paths, with possible demanding climbs	__Yes __No
Extended travel times requiring use of modern and primitive transportation which may lack accomodation for people with physical disabilities	__Yes __No

**AFFIDAVIT:** This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Father’s Signature (if applicant is under legal age)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Mother’s Signature (if applicant is under legal age)

\_\_\_\_\_  
Passport Number of Participant

\_\_\_\_\_  
Legal Guardian’s Signature (if applicant under legal age)

**SCHEDULE "A"**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, mother/father of \_\_\_\_\_  
(name of person giving consent) (name of child)

born on \_\_\_\_\_ authorize, The Samaritan Foundation,  
(date of birth of child)

to take our son/daughter, \_\_\_\_\_ on a trip  
(name of child)

to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ between the dates of  
(city, state, country where child is being taken)

\_\_\_\_\_ and \_\_\_\_\_. This authorization  
(dates child will be out of Canada)

extends to any required medical assistance to be administered should  
\_\_\_\_\_ become ill or involved in an accident.  
(name of child)

DATED at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(city) (province)

\_\_\_\_\_  
WITNESS Signature of mother/father

**AFFIDAVIT OF EXECUTION:**

CANADA ) I, \_\_\_\_\_, of the City of \_\_\_\_\_  
(name of witness)

PROVINCE OF \_\_\_\_\_ ) in the Province of \_\_\_\_\_,

TO WIT: ) **MAKE OATH AND SAY THAT:**

1. I was personally present and did see \_\_\_\_\_,  
(name of person giving consent)  
named in the within instrument who is personally known to me to be the person  
named therein, duly sign and execute the same for the purpose named therein.

2. The same was executed at the City of \_\_\_\_\_, in the Province  
(name of city)  
of \_\_\_\_\_, and that I am the subscribing witness thereto.

3. I know the said \_\_\_\_\_ and she/he is in my belief of the  
(name of the person giving consent)

full legal age as determined by the applicant's province of residence.

SWORN BEFORE ME at the City of \_\_\_\_\_ )  
\_\_\_\_\_, in the Province of \_\_\_\_\_, )  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. ) \_\_\_\_\_  
(Signature of Witness)

NOTARY PUBLIC IN AND FOR THE PROVINCE OF \_\_\_\_\_.