



LEGAL RELEASE OF CLAIMS AND ACKNOWLEDGEMENT OF RISKS ASSOCIATED WITH GOING GLOBAL MISSION TRIP

NOTICE: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

- TO BE COMPLETED BY THE APPLICANT IF 18 OR OLDER OR BY PARENT/GUARDIAN IF THE APPLICANT IS UNDER 18.
- THIS FORM MUST BE SIGNED AND THE ORIGINAL GIVEN TO GOING GLOBAL, INC.
- PLEASE READ EACH PARAGRAPH CAREFULLY & RETURN TO TRIP LEAD OR ADMIN.

I, the undersigned, understand that I will be traveling to a foreign country or countries and participating in various mission activities sponsored or facilitated, in whole or in part, by Going Global, Inc., a non-profit corporation.

I further agree that I will not institute any action or suit at law, or in equity, against Going Global, Inc., its directors, officers, members, administrators, employees, and/or other individuals associated with Going Global, Inc., and I will not institute, prosecute, or in any way aid in the damages, costs, loss of services expenses, or compensation for or on account of any alleged damage, loss, injury, health problem, disease, or illness to any person or property, resulting from my participation in mission activities sponsored or facilitated by Going Global, Inc.

In consideration of my participation in said mission activities and as the recipient of benefits flowing from Going Global, Inc. as a sponsor and facilitator, and of other good and valuable consideration, I do hereby release, discharge, and agree to hold harmless Going Global, Inc., its directors, officers, members, administrators, employees, and/or other individuals



associated with Going Global, Inc. from any and all liability, claims, demands, or actions which may accrue as a result of any injury, whether accidental or otherwise, illness, or other loss which I may sustain as a result of participation in any of said mission travel, recreation, or other trip activities. This release covers activities in any country.

It covers activities involving travel:

1. To and from those countries;
2. To and from mission activity sites;
3. To and from various locales visited during the mission trip by any mode of transportation.

I understand and acknowledge that travel to, from, and within foreign countries involves unique hazards and risks not usually encountered when traveling within the United States. These risks may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or disease. I understand and acknowledge that I may be exposed to native food and drink that could increase the risk of a medical situation due to allergies or other pre-existing conditions.

I am not aware of any medical conditions that may heighten the risks I encounter while participating in and/or traveling to mission activities on the mission trip. If I do suffer from such conditions, I have informed my Team Captains and Going Global, Inc. of these conditions. Furthermore, I have discussed any such conditions with my physician, as they relate to and/or impact my service during this trip.



I authorize Going Global, Inc. team leaders to use or disclose the medical information I have provided, deemed necessary in case of any emergency.

I acknowledge that my medical insurance is my primary coverage, and it is my responsibility to ensure that said insurance will cover possible medical needs, including pre-existing conditions, during my trip. This includes, but is not limited to, medical treatment in a foreign country, medical treatment in a foreign healthcare facility, medical evacuation, and follow-up or additional treatment upon my return to the United States. I understand and acknowledge that should a medical emergency arise during my trip, access to and treatment at a medical facility may be limited, and the treatment I may receive may not be provided at levels found within the United States.

I understand and acknowledge that the nature of Going Global, Inc. mission trip to a foreign country may expose me to health conditions and/or illness or disease that may impact my health or cause harm while on the trip or after my return, and it is my responsibility to take necessary precautions such as vaccination, medication, or other preventative measures.

I understand and acknowledge that during travel to and from the trip, and while participating in activities on the field, I may experience stressful, difficult, and/or hazardous situations that could necessitate that I take additional precautions related to any pre-existing medical condition I may have.

I have taken the necessary steps to ensure that I can travel to and from the destination without legal restraint.



I have taken the necessary steps to ensure that any required professional documents or other certifications required for me to perform licensed or regulated activities in the medical, dental, or other related professional fields have been provided to Going Global, Inc. I understand and agree that my service as a medical or dental professional may be regulated by government agencies in foreign countries. I agree to follow the requirements and guidelines set forth by Going Global, Inc. while serving on the mission field in a professional capacity to adhere to said regulations.

I understand and have been informed of the risks and hazards involved in participation and service on a foreign mission trip, and I am willing to accept those risks.

MEDICAL/DENTAL REQUIREMENTS:

- You must be 18 years of age to work in the Dental/Medical Clinic.
- You must be in good health.
- You must read all information given to you.
- You must have your Hepatitis B Vaccination.
- You are informed that diseases such as TB, HIV/AIDS, as well as other immune deficiency diseases, are prevalent in the community where we will travel.

Recommendations for TB testing are required by CDC upon the return of your trip (cost is \$7) free at the Health Department.

- In the clinic, you are required to wear a mask and gloves, as well as eye protection where warranted. In the makeshift clinic, there is no running water or electricity. The conditions are the best that we can make them with regard to the safety of the patients and workers.



- Workers in the clinic are under a strict privacy policy. You are not allowed to repeat the status of a patient with regard to HIV/AIDS or any other disease. The welfare of the patient is the first priority. Most are not aware of their own condition, so confidentiality is of the utmost importance.
- The undersigned is responsible for any and all wounds/injuries incurred while in the Dental Clinic and fully takes responsibility for any future testing regarding the contraction of HIV/AIDS and/or COVID-19.
- The undersigned is aware of all dangers known and unknown that might arise as a consequence of working in Medical/Dental Missions.

Agreement By signing below, I acknowledge that I have read and understood the terms and conditions outlined in this release. I agree to be bound by all the provisions stated herein and affirm that I have the legal authority to enter into this agreement.

Participant Signature: _____ Date: _____

Printed Full Name: _____

Team Leader Signature: _____ Date: _____

Printed Full Name: _____