



**DOMESTIC TRAVEL 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 GIVEN TO GOING GLOBAL (COPY INCLUDED IN BOOKLET)
- PLEASE READ EACH PARAGRAPH CAREFULLY

I, the undersigned, understand that I will be traveling within the United States and participating in various mission activities sponsored or facilitated, in whole or in part, by Going Global, a non-profit corporation.

I further agree that I will not institute any action or suit at law, or in equity, against Going Global, its directors, officers, members, administrators, employees, and/or other individuals associated with Going Global, 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, or illness to any person or property, resulting from my participation in mission activities sponsored or facilitated by Going Global.

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



It covers activities involving travel:

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

I grant Going Global permission to use my image, likeness, and voice recorded on audio or video without payment or consideration. I understand my image may be edited, published, or distributed and waive the right to inspect or approve the final product, as well as any right to royalties or compensation.

Going Global may use these images with or without my name for any lawful purpose, including publicity, illustration, advertising, and web content. This release has no time limit or geographic restrictions on distribution.

I understand and acknowledge that travel to and within certain regions within the United States may involve unique hazards and risks. These risks may be related to exposure to environmental conditions, such as extreme weather, sanitation, animals, insects, or regional diseases. I understand and acknowledge that I may be exposed to 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 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 team leaders to use or disclose the medical information I have provided if deemed necessary in case of an 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, treatment in out-of-network facilities, and any follow-up or additional treatment upon my return. I understand that if I am traveling to more rural or underserved areas, should a medical emergency arise, available healthcare providers or hospitals may be limited or out-of-network, possibly resulting in reduced services or expertise compared to fully networked facilities. I understand that I may incur additional out-of-network costs.

I understand and acknowledge that the nature of Going Global mission activities may expose me to health conditions and/or illness that may impact my health or cause harm during or after the trip. It is my responsibility to take any necessary precautions, such as vaccinations, medications, or other preventative measures, as recommended by healthcare providers.

I understand and acknowledge that during travel and while participating in activities, I may experience stressful, difficult, and/or hazardous situations that could necessitate taking 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 needed to perform licensed or regulated activities in the medical, dental, or other related professional fields have been provided to Going Global. I understand and agree that my service as a medical or dental professional may be regulated by local or state agencies. I agree to follow the requirements and guidelines set forth by Going Global while serving in a professional capacity to adhere to these regulations.

I understand and have been informed of the risks and hazards involved in participation and service on this 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 some communities we may serve. 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 when warranted. In makeshift clinics, there may be limited resources. The clinic environment is prepared to prioritize the safety of both patients and workers.
- Workers in the clinic are under a strict privacy policy. You are not allowed to disclose any patient status related to HIV/AIDS or other diseases. The welfare of the patient is the first priority, and 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.
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**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.

Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If participant is a minor)*

Printed Full Name: \_\_\_\_\_