



H.E.A.L. Ministries, INC. **TRAVEL AGREEMENT**

The undersigned, hereinafter referred to as Participant, enters into this Travel Agreement and Release with H.E.A.L. Ministries, INC. (HEAL) in consideration of HEAL's undertaking the sponsorship and/or supervision of the trip in which the undersigned, named below is the Participant. As an inducement for HEAL to undertake the sponsorship and/or supervision of the said trip, Participant agrees as follows:

1. Participant understand that HEAL does not guarantee the safety of the Participant on the trip and that HEAL has made no representations or warranties concerning the safety of the trip or the activities in which the Participant will partake while on the trip.
2. Participant hereby releases and discharges HEAL from any and all liabilities, claims, and damages from any and all injuries and/or losses to Participant's person or property during the trip, which injuries or losses are caused by or in any way connected with acts or omissions, including negligence, of HEAL. This release also extends to any injury, damage, or loss to Participant's person or property, which caused by the act or omission of any third party such as a common carrier, travel agency, hotel, or any other firm or individual.
3. Participant hereby grants to HEAL full authority to take whatever actions it may reasonably consider to be warranted under the circumstances during the trip regarding Participant's health and safety and fully releases HEAL from any liability in connections wherewith. Participant authorized HEAL in its discretion to place Participant, at participant's expense and without further consent, in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available to place Participant in the hands of a local medical doctor for treatment. If deemed necessary or desirable by HEAL, Participant authorizes HEAL to transport Participant back to Nashville, Tennessee, USA, by commercial airline or otherwise at Participant's expense for medical treatment.
4. Participant agrees that HEAL shall have the right to enforce appropriate standards of conduct, and that it may at any time terminate Participant's involvement in the trip for failure to maintain these standards or for any actions or conduct which HEAL reasonably considers to be incompatible with HEAL's policies, rules, or instructions or which interferes with the best interests, harmony, comfort, and welfare of other participants. If Participant's involvement in the trip is terminated, Participant consents to be sent home at Participant's expense with no refund of fees. Participant releases HEAL from any claim arising from Participant's failure to comply with HEAL's policies, rules, or instructions. Participant agrees to indemnify, defend, and hold HEAL harmless from any and all liabilities, claims, and damages from any and all injuries and/or losses incurred by HEAL in connection with Participant's acts or omissions, including negligence, during the trip.

5. HEAL in its sole discretion reserves the right to cancel programs or otherwise to make alterations in programs, travel plans and itineraries with respect to the trip.
6. Except as expressly assumed by HEAL in writing, Participant shall be fully responsible and liable for all fees and charges for the trip, as well as for all expenses incurred by the Participant and for any damages or liability caused by Participant.
7. Participant represents that he or she has no health problems or physical or mental conditions which would limit his or her partaking in any activity of the trip except: -
_____.
8. Participant understand that no medical or other type of insurance is being offered or included with the trip and that Participant is responsible to provide all insurance of any kind except for emergency evacuation insurance.
9. All references in this Agreement to HEAL shall include the Board of Directors and all of its officers, group leaders, agents and assigns. All references herein to the Participant shall include the legal guardians and any other adults responsible for custody or supervision of the Participant. Participant joins in this Agreement and Release to the extent of her or his legal authority to do so.

H.E.A.L. Ministries, INC. (Hands Embracing All Lands)

Participant_____

Parent or Legal Guardian_____

DATE_____

HEAL Witness_____

NOTARIZATION REQUIRED:

State of _____ County of _____

Acknowledged before me this _____ day of _____, 20__

NOTARY PUBLIC signature _____

Date Commission Expires_____

NOTARY STAMP: