

# **Sandy Bay Lighthouse Ministries Participant Agreement, Waiver & Release**

(A signed and dated copy of this form for each participant must be returned to Sandy Bay Lighthouse Ministries prior to arrival in Roatan)

## **To Ministry Participants, please read and understand all the following information:**

**I have voluntarily** and freely elected to travel to the country of Honduras in order to participate in activities at the Children's Home maintained by Sandy Bay Lighthouse Ministries (SBLM).

### **Risks.**

I am aware that there are risks associated with all international travel. These risks include but are not limited to risks associated with ground, air, or water transportation, adverse weather conditions, communicable disease, medical care, substandard building construction or maintenance, civil unrest, terrorism, war, and negligent or criminal acts of third parties. I understand that should any of these adverse circumstances occur, the result could include bodily injury, death, or property damage. I recognize that neither SBLM nor anyone associated with SBLM can guarantee my safety.

### **Medical Evacuation Insurance.**

I understand that medical situations can occur that could require my medical evacuation, and I agree to purchase at my own expense travel insurance which includes coverage for medical evacuation.

### **Return Home Expenses.**

If for any reason I or my spouse or child is unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for me or my spouse or my child's return home.

### **Healthcare Agent.**

I am aware that medical emergencies can occur and that I could become unable to make my own healthcare decisions. Therefore, I **Certify** that I have appointed someone to act as my agent should I become unable to make my own decisions and further **Certify** that I have made the leader of this travel aware of my appointment of my agent. If in violation of this agreement I have not appointed someone as my agent, then In the event of an emergency and I or my spouse or my child is not able to make decisions for my own care, I hereby authorize a leader of this travel, as an agent for me or my spouse or my child, to act as my agent and to make all decisions regarding my healthcare or my spouse's or my child's healthcare.

### **Age.**

I **Certify** that I am of a lawful age and competent to sign this Liability Waiver and Release and have done so voluntarily.

**Complete Waiver.**

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

**Unforeseen Occurrences.**

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof which result from the matters hereinbefore inferred as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

**Assumption of Risk and Release**

I hereby voluntarily assume full responsibility for any loss, property damage or personal injury, including death, that may be sustained by me in connection with this travel and I hereby agree to release, indemnify and hold harmless SBLM and its present and former officers, directors, employees, associated missionaries and ministries, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, demands or causes of action, and all expenses incidental thereto (including attorney's fees), caused by, connected with, or resulting in any way with my participation or the participation of any member of my family including my spouse or minor child, from this travel.

**Resolution by Biblical Principles.**

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

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Participant's Name (Print or Type)

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Signature of Participant and Date

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Name of Witness (Print or Type)

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Witness's Signature and Date

# Sandy Bay Lighthouse Ministries Participant Agreement, Waiver & Release

**If the Participant is under 18 years of age, please execute the following:**

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Name of Legal Guardian or Parent

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Relationship to Participant

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Signature of Legal Guardian or Parent

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Name of Witness (Print or Type)

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Witness's Signature and Date