

Bright Hope Team to Zambia

TEAM MEMBER TRIP WAIVERS



IN CASE OF EMERGENCY, CONTACT:

NAME

RELATIONSHIP TO APPLICANT

PHONE

EMAIL

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

I hereby appoint _____ * **(team leader)** to be my agent **(must be member of team that is traveling)** to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Signature: _____

Date: _____

MEDICAL EMERGENCY INFORMATION

Please list all the drugs/medications you are presently taking, include generic name, exact strength and dosage.

List any history of major illness/surgery and known allergies (including food) or chronic life-threatening conditions.

Please list any medical conditions helpful for a physician to know should you require emergency medical attention during the trip.

PREVIOUS INTERNATIONAL TRAVEL- list last 5 countries of travel

SKILLS

Please briefly describe your skill set:

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in a trip including various events and activities (hereinafter collectively referred to as the "Activities") outside the United States operated or sponsored in full or in part by Bright Hope International.

I understand and acknowledge that Bright Hope International will not allow me to participate in the Activities without releasing and holding Bright Hope International harmless from any liability arising out of my participation in the Activities. I have been apprised of and have personally investigated the potential risks involved in participating in the Activities and expressly acknowledge such potential risks and agree to and do fully and personally assume any and all risks relating to such Activities. Specifically, I hereby expressly understand, acknowledge, and agree to and do assume and take full and complete responsibility for any and all such risks (actual and potential) that I may suffer, be exposed to, or experience, including without limitation the risks of (i) permanent or temporary personal and/or bodily injury, (ii) permanent or temporary physical, emotional, and medical disabilities, (iii) loss or theft of personal property, (iv) imprisonment, (v) abduction, (vi) death, (vii) covid related issues, and (viii) any and all such other risks and events that may arise from or be related to participation in or with any of the Activities.

Notwithstanding the existence of the risks relating to participation in and arising from the Activities, I request that Bright Hope International allow me to participate in the Activities, and in consideration thereof, I hereby agree to and do, for myself and my heirs, executors, administrators, and assigns release, acquit and forever discharge Bright Hope International and its officers, directors, agents, employees, representatives, partners, any parties volunteering on behalf of Bright Hope International, and all other persons, firms, corporations, associations or partnerships, claiming by or through any of them (collectively the "Released Parties"), from any and all actions, causes of action, demands, injuries, claims, damages, costs or expenses (including reasonable attorney fees and court costs), or obligations of any nature or kind, known or unknown, (all of the foregoing are and shall be collectively referred to herein individually as a "Claim" and collectively as "Claims") growing out of or related in any manner whatsoever to my participation in or otherwise arising from or related to the Activities. I understand that this is a full and complete release of any and all current and future Claims, and further expressly agree that this instrument may be treated as a defense to any action or proceeding that may be brought, instituted, or taken by the undersigned personally or on the undersigned's behalf, against Bright Hope International or any of the Released Parties, and shall forever be a complete bar to a commencement or prosecution of any action or proceeding whatsoever against the Released Parties for any Claim or Claims of the undersigned or undersigned's heirs, executors, administrators, and assigns as a result of the undersigned's participation in or otherwise relating in any manner to the Activities.

By executing this form, I further agree to indemnify and hold Bright Hope International and each of the Released Parties harmless from and against any and all Claims (including reasonable attorneys' fees and court costs) that may be incurred by Bright Hope International or any of the Released Parties as a result of my participation in or otherwise arising out of or relating to the Activities.

I expressly agree that this General Release and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read and understood the foregoing. I further understand that by signing this General Release and Hold Harmless Agreement, I am giving up legal rights and/or remedies which may be available to me or my heirs, executors, administrators, and assigns.

Signature: _____

Date: _____

MEDIA RELEASE AGREEMENT

In consideration of my interest in furthering the purposes of Bright Hope, I hereby consent to any recording of myself on videotape, film, audio tape, paper, digital medium, or otherwise, by said organization, its agents, or employees. I authorize the use of such recordings for any proper and legitimate educational or commercial purposes by the organization, either on or off site.

I acknowledge your ownership of the program and further agree that you may use my name, likeness and biography for the purpose of promoting programs.

I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

Signature: _____

Date: _____

BRIGHT HOPE MEDIA AGREEMENT

Please read and initial each of the following statements:

_____ I agree to treat everyone I encounter with respect and compassion, striving to view and portray others through God's eyes, focusing on the good, beautiful, and dignifying. I will not exploit someone's image or circumstances for my own personal gain.

_____ I agree to abide by any instructions given by Bright Hope staff on when and where it is appropriate to take photos/videos, and will use discretion in capturing and posting images or information to social media, a website or blog, or any other media platform.

_____ I will not publish (in print or electronic formats) any photograph, video, or story that could put a person, their family, or community at risk. This includes, but is not limited to, publishing the names and faces of human trafficking survivors, people currently or formerly working in an anti-human trafficking program, former child combatants, asylum seekers, refugees or internally displaced persons, and capturing photos or videos that reveal the location or architecture of a safe house or persecuted church.

_____ I will not take photos or videos that may be suggestive, arouse suspicion or put myself or Bright Hope at risk, including:

- Naked children
- Persons not adequately clothed
- Airports, government institutions, military or police personnel
- Elected officials and political candidates
- Illegal acts
- Taking excessive photos of any person or their property

Signature & Acknowledgement of Compliance

I, _____ (print name), the undersigned, agree that I have read the above statements thoroughly and will comply with Bright Hope's Media Ethics Policy.

Signature: _____

Date: _____

Please attach a color copy of your passport.