



Short-Term Mission Trip Liability Release Form

The following form must be completed in its entirety and returned to She Steps Forward International
by April 1st. Please print, fill out, and return ASAP.

Trip Information

Location of mission trip: Nairobi, Kenya

Date(s): May 13-23, 2024

Important: Trip participant is responsible for his/her own trip-related insurances (e.g., health/accident insurance, flight/baggage insurance, etc.).

Participant Information (To be completed by participant. Please print clearly.)

Name (as it appears on your passport): _____

Address: _____

Contact number: _____

Contact email: _____

Passport number: _____ Issue date: _____

Expiration date: _____

Important: Passport must have **at least six months** left prior to trip date. If not, you must submit for a new passport.

Date of birth: _____ Place (State) of birth _____

Social security number: _____

Emergency contact name: _____

Emergency contact address: _____

Emergency contact number: _____

Emergency contact email: _____

List any current allergies, illnesses, physical conditions, or medications: (attach separate paper if needed)



Short-Term Mission Trip Liability Release Form

The following form must be completed in its entirety and returned to She Steps Forward International **by April 1st**. Please print, fill out, and return ASAP.

Is participant covered by personal/family medical insurance? Yes _____ No _____

If yes, name of insurer: _____

Insurance policy or group number: _____

The following are additional questions asked on the Kenya eVisa Application:

Country of birth _____

Father's full name (if known) _____

Is your father _____ Alive _____ Deceased _____ Unknown

Mother's full name (if known) _____

Is your mother _____ Alive _____ Deceased _____ Unknown

Spouse's full name (if applicable) _____

Spouse's contact number (if different from emergency contact) _____

Applicant's next of kin _____

Next of kin's contact number _____

Recent visits to other countries in the last 3 months? If so, where and when?

Have you ever been convicted of any offense under any system of law? _____



Short-Term Mission Trip Liability Release Form

The following form must be completed in its entirety and returned to She Steps Forward International **by April 1st**. Please print, fill out, and return ASAP.

In consideration of my being accepted by She Steps Forward for participation in the upcoming ministry/missions team to Nairobi, Kenya, I certify: **(PLEASE INITIAL EACH PARAGRAPH)**

_____ I understand this trip will be registered with the U.S. Embassy in Kenya. I agree to forward She Steps Forward a copy of my passport for the purposes of U.S. Embassy Group Registration.

_____ I am in good health and have received or will receive all vaccinations recommended by the CDC and/or my personal physician for this trip. In addition, I certify that I am not having any Covid-19 related symptoms and that I will submit for testing prior to leaving the United States and/or prior to leaving Kenya at my own expense if I begin to show symptoms.

_____ I acknowledge (1) that travel to and in Kenya involves hazards not customarily encountered when traveling in America, (2) Medical facilities in Kenya may be substandard and that should a medical emergency develop during my trip, it is unlikely that I will receive medical care in Kenya equivalent to that available in America, and (3) Working conditions in Kenya are often inferior to conditions in America. I accept and assume all risks and hazards from this trip, both known and unknown, including but not limited to the risks and hazards identified.

_____ I have been informed that She Steps Forward does not carry insurance against any of the risks I may encounter in Kenya, and I acknowledge that She Steps Forward has advised me that She Steps Forward does not accept any responsibility for an injury, loss, or damage not covered by my own personal health/accident/trip insurance. I acknowledge that She Steps Forward has recommended that I carry or obtain primary medical insurance to cover possible medical needs during this trip and She Steps Forward has recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, loss of or damage to baggage, and other standard risk coverage for this trip.

_____ I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damages or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. I authorize She Steps Forward to approve medical treatment on my behalf if necessary. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of medical care I might receive.

_____ In consideration of being allowed to participate in this trip, I hereby warrant and represent that I am age 18 or above and freely waive, release from liability, assume all risks, and covenant not to sue She Steps Forward or its members, officers, directors, employees, board members, agents, or volunteers for any expense, loss, damage, personal injury, including loss of life, disability, property damage, or property theft or actions of any kind that I may hereafter suffer or sustain before, during, or after the trip. This Release and Waiver is specifically binding upon my heirs and assigns and is knowingly given.



Short-Term Mission Trip Liability Release Form

The following form must be completed in its entirety and returned to She Steps Forward International **by April 1st**. Please print, fill out, and return ASAP.

_____ I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend, and indemnify She Steps Forward, or its members, officers, directors, employees, board members, agents, or volunteers, from any and all liability, including any and all claims, demands, causes of action (whether known or unknown), suits, or judgments of any and every kind, including reasonable attorneys' fees, arising from any injury, property damage, or death that I may suffer as a result of my participation in this trip, regardless of whether the injury, damage, or death is caused by the negligence of She Steps Forward or otherwise.

_____ I acknowledge and agree that this Release and Waiver shall be construed in accordance with the laws of the Commonwealth of Virginia, without respect to its conflict of laws principles, and that I agree to the exclusive jurisdiction and venue of the state and federal courts located in the Commonwealth of Virginia. I further agree that if any portion of this Release and Waiver are held invalid, the remaining provisions shall continue in full force and effect.

PHOTO/VIDEO USE AGREEMENT

_____ I hereby agree to allow She Steps Forward to use and store my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the trip.

_____ I hereby agree to allow She Steps Forward to use any stored data including my name and image in printed or electronic publications or any website created by or for She Steps Forward for its sole benefit.

By signing below, I acknowledge that I have read this document in its entirety. I acknowledge and warrant that the information that I have provided on this Release and Waiver is true and correct to the best of my knowledge. I further agree to immediately notify She Steps Forward of any change in the information presented. I understand that this Release and Waiver is valid and legally binding.

Printed Name: _____

Signature: _____

Date: _____