

TRAVELER AUTHORIZATION, RELEASE AND INDEMNITY

(For Adult Traveler to Sign)

The undersigned plans to travel to and within and return from the assigned mission field under the auspices of World Witness, the Board of Foreign Missions of the Associate Reformed Presbyterian Church ("World Witness") and the General Synod of the Associate Reformed Presbyterian Church ("Church"). Such travel is scheduled to take place to the following country(s) on or about the following dates:

(Destination of Travel)

(Dates of travel)

In consideration of my opportunity to travel to the assigned mission field under the auspices of World Witness and/or the Church, and for other good and valuable consideration, I agree as follows:

1. Authorization - If I become incapacitated and in need of medical care while engaging in the above referenced trip wherein I will be traveling to, within, and/or from the assigned mission field, I authorize and appoint World Witness and its duly authorized agents to secure any and all medical care as available, and specifically authorize them to consent on my behalf for any medical care of any nature, including any medical procedure, surgery, medication, hospitalization, medical testing, etc., which they may, in their discretion find necessary and proper under the circumstances then existing. I authorize them to execute on my behalf all documents necessary to procure said medical care, including authorizations, acknowledgements, waivers and releases. This authorization shall remain in full force, regardless of any mental or physical incapacity on my part, until revoked by me in writing, or until the conclusion of the aforementioned travel plan.

2. Release - I fully understand and acknowledge that there is physical risk and danger inherent in travel to, within, and from the assigned mission field. Such risks may arise from a variety of causes, including, but not limited to, sickness, accidents, unsanitary condition, lack of adequate medical care and political unrest. I hereby waive and forever release and discharge World Witness, the Church, and any of their agents or employees from any claim or cause of action which I may ever have against them which arises during or on account of my travel on the aforementioned trip.

3. Indemnification - Should World Witness, the Church, or any of their agents or employees incur any damages, expenses, claims or liability on account of my actions, or on account of any action they may take for my benefit during or on account of my travel on the aforementioned trip, then I agree to indemnify them and hold them harmless for all such damages, expenses, etc.

Traveler: Signature: _____

Print Name: _____

Social Security #: _____ Date of Birth: _____

Drivers License:(Number) _____ ; (State) _____

Address: _____

Phone:(Daytime) _____ ; (Evenings) _____

Health Insurance Information:

Insurance Company: _____

Identifying Group/Policy #: _____

Insurance Company Phone #: _____

Contact the following person in case of emergency:

Name: _____; Relation to you: _____

Phone:(Daytime) _____; (Evenings) _____

Secondary contact person:

Name: _____; Relation to you: _____

Phone:(Daytime) _____; (Evenings): _____

Life Insurance:

World Witness provides Life Insurance, please list:

Name of Beneficiary: _____

Relation to you: _____

NOTARY ACKNOWLEDGEMENT

This instrument was signed and acknowledged before me by the above Traveler

in the County of _____, State of _____, on the ____ day of

_____, 20__.

Signature of Notary:

Printed Name of Notary:

Notary for the following state: _____

Notary Commission Expires: _____