***ACTIVITY RELEASE OF LIABILITY***

***READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS***

In exchange for participation in the activity of Haiti Mission Trip organized by Cabaret Haiti Mission ("CHM"), of 2700 University Blvd. S., Jacksonville, Florida 32216, and/or use of the property, facilities and services of CHM, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by CHM, or the employees, representatives of CHM.

2. I recognize that there are certain inherent risks associated with the above described activity, and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge CHM for injury, loss or damage arising out of my (or my family's) use of or presence upon the facilities of CHM, whether caused by the fault of myself, my family, CHM or other third parties.

3. I agree to indemnify and defend CHM against all claims, causes of action, damages,   
 judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of CHM.

4. I agree to pay for all damages to the facilities of CHM caused by my or my family's negligent, reckless, or willful actions.

5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Florida law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER**

**UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY**

**SURRENDER CERTAIN LEGAL RIGHTS**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under age 18, signature of parent or guardian)

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship: \_\_\_\_\_\_\_\_) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Day), or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening).

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Cabaret Haiti Mission, Inc.



MISSION TRIP APPLICATION

Mission Trip Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Cabaret Haiti Mission

2700 University Blvd. S.

Jacksonville, FL 32216-2557

Passport Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Fax( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Church Membership

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name Address City State Zip Code

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone

Beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone

Have you been on a mission trip? Y N Date \_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(use back if needed)

Have you been to Haiti before? Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

Do you have a passport? Y N Expiration Date \_\_\_/\_\_\_/\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Have you had the following immunizations?

Hepatitis A Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis B Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

Malaria Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

Typhoid Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

Tetanus Y N Date \_\_\_\_\_\_\_\_\_\_\_\_

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What talents, skills or abilities do you possess that can be used on a mission trip to Haiti?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write a brief paragraph of your spiritual journey below or on the back of this application.