



TRIP VOLUNTEER AGREEMENT

threestrandsteams@gmail.com

In consideration for Three Strands, an Ohio nonprofit corporation, agreeing to allow:

_____ (“Volunteer”) to travel and minister with _____ (“Leader”) to

_____ scheduled for _____ (“Trip”):
 (“Country”) (“Dates of Travel”)

ASSUMPTION OF RISK: Volunteer has read the Materials, and will continue, to educate himself/herself of the risk of the Trip. “Materials” means (1) any security information distributed, at the time of signing this Agreement or in the future, by Three Strands; (2) any relevant documents or online resources available at any time from the State Department; and (3) any relevant documents or online resources available at any time from the US Centers for Disease Control. Volunteer acknowledges that effective ministry with people in cross-cultural situations requires assuming substantial risks. Three Strands shall make reasonable effort to manage and reduce foreseeable risks during the Trip. Volunteer acknowledges that many factors are beyond the control of Three Strands and its staff. Volunteer knowingly and intelligently assumes any risk associated with international travel including but not limited to: lack of security, threats of, or actual, criminal or terrorist activity, increased health risks, physical activity that leads to increased risk of serious injury including permanent paralysis or death, and lack of or substandard health care.

WAIVER: Volunteer, for and on behalf of himself/herself, his/her legal representatives, heirs and assigns, waives any and all claims, debts, demands, actions and causes of action of every kind and nature whatsoever against Three Strands, its agents and/or employees, and their legal representatives, heirs, successors and assigns, Volunteer may have in any manner caused by, relating to, or arising out of, but not limited to any illness, disease, accident or occurrence of any type or kind whatsoever in connection with the Trip of Volunteer.

INDEMNIFICATION: Volunteer shall indemnify and hold harmless Three Strands, its agents and employees, and their legal representatives, heirs, successors and assigns, against any and all claims for damages, compensation or otherwise by or on behalf of Volunteer or his/her legal representatives, heirs and assigns, and to indemnify any loss or damage that Three Strands, its agents and employees, and their legal representatives, heirs or successors may have to pay on account of any claim made by Volunteer or anyone on his/her behalf arising out of any illness, disease, accident or occurrence of any type or kind whatsoever in connection with the Trip of Volunteer to, during the stay and traveling to and from Country. Volunteer shall indemnify Three Strands all attorney fees and costs incurred by Three Strands, its agents and employees in defending against any lawsuit or claim for damages, compensation, or otherwise.

VOLUNTEER CONDITION: Volunteer represents to Three Strands that Volunteer is physically, mentally, and emotionally capable of participating in Trip.

VOLUNTEER EXAMINATION BY MEDICAL PROVIDER (M.D., D.O., P.A., or N.P.): Volunteer shall submit to Three Strands acceptable documentation of a medical examination that demonstrates a licensed medical provider (M.D., D.O., P.A., or N.P.) has examined Volunteer in contemplation of Trip if in the opinion of Three Strands, said volunteer has had any underlying mental, physical, or emotional illness that will place them at risk due to the limited nature of health care in the developing world.

MEDICAL CARE OUTSIDE THE UNITED STATES: Volunteer understands that during Trip: (1) neither medical care nor facilities may be available; (2) medical care and/or facilities may not operate according to United States standards; and (3) Volunteer’s US Health Insurance Plan may not cover or reimburse Volunteer for medical care or facility charges. Three Strands shall not be responsible for Volunteer’s expenses related to medical care.

MEDICAL AUTHORIZATION: Volunteer shall authorize any staff members of Three Strands ministry to call any authorized medical personnel to administer medical and surgical treatment of any kind that may be reasonably necessary in such staff members’ judgment at any time when staff believes an emergency exists or otherwise believe such treatment is reasonably indicated. Three Strands shall attempt to obtain Volunteer’s consent, if capable, before obtaining medical and/or surgical treatment. Three Strands shall attempt to contact any emergency contact listed below if major surgery is indicated, and it reasonably possible, taking into consideration the need for possible immediate action to preserve my life or health.



I have read and understand all terms contained on page one of this agreement:

Volunteer Signature: _____ Date _____

Print Name: _____

Please complete items below if you have not previously submitted a completed Interest Form for this trip:

Date: _____

Full Legal Name on Passport: _____

Passport # _____ Issue Date _____ Expiration _____

Gender: M / F Occupation _____ Date of birth _____

Address: _____

City _____ State _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

Email: _____

Emergency Contact #1: _____ Relationship: _____ Phone _____

Emergency Contact #2: _____ Relationship: _____ Phone _____

If under 18 yrs. old, parent or guardian must complete the following: Parent/Guardian is in agreement and give my consent for my son/daughter to enlist in the Three Strands program. Parent/Guardian also consents to the terms contained in this Agreement..

Parent/Guardian Printed Name: _____

Signature of Parent/Guardian: _____

Address: _____

City, State, and Zip Code: _____

Home phone: _____ Cell Phone: _____ Relationship to applicant: _____

Email: _____

Volunteer please email completed form to: threestrandsteams@gmail.com