



"...where your treasure is, there your heart will be also." - Jesus

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2010 AGREEMENT AND RELEASE FORM

I understand that I am visiting Honduras, Nicaragua, or Costa Rica as a guest of Heart to Honduras and that my actions will reflect on the work and efforts of this ministry; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit as well as adhere to the stringent policy of no use of tobacco, alcoholic beverages, or illegal drugs.

This instrument is freely given, and fully understood, by the undersigned to Heart to Honduras Inc., for myself, my heirs, and personal representatives for the opportunity to witness and travel in Honduras. It must be fully executed, then accepted, before travel will be permitted.

WHEREAS, the undersigned desires to travel to, within, and to return from the country of Honduras under the auspices of Heart to Honduras Inc., now I therefore, for good and valuable consideration received, the receipt and sufficiency of which is hereby acknowledged, declare:

- Authorization.** If I need medical care, including surgery, while with Heart to Honduras Inc., I authorize and appoint Heart to Honduras Inc. and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U. S. health insurance is not valid in Honduras and I have obtained international health insurance for this trip.
- Release.** I completely understand and fully acknowledge that there is physical risk and danger to my person and property inherent in travel to, within, and returning from Honduras. Nevertheless, I waive and release any and all right, claim, or cause of action which may arise against Heart to Honduras Inc. due to any risk or danger, including property loss, injury, sickness, death, or being taken hostage, or for any other reason.

I agree to exempt compensation and hold harmless Heart to Honduras Inc. against any claim, cause of action, or judgment obtained, arising from negligence, recklessness, willfulness, or from any other cause. This instrument is valid only when accepted by Heart to Honduras Inc. within the state of Ohio, and any litigation concerning my travel, any injury or loss, or the construction of this instrument shall be brought only in Greene County, Ohio.

Signature of Traveler

____/____/____
Date of Birth

Print Name

Home Telephone Work Telephone Mobile Telephone

Street Address

City, State, Zip Code

ACKNOWLEDGEMENT

This instrument was acknowledged under oath before me in _____ County, state of _____,

on _____ by _____.
Personally known to me (___), or identity verified by driver's license (___) (indicate by an "X").



NOTARY PUBLIC My commission expires: _____

ACCEPTED by Heart to Honduras, Inc. by _____ on _____