

# SHORT-TERM MISSION POLICY & WAIVER

## CODE OF CONDUCT

I will show respect for Canadian Baptist Ministries (CBM) personnel and partners and cooperate with team leaders and members. I will be culturally sensitive to the use of alcohol and tobacco and take direction from the CBM Field Staff on matters of dress and jewelry. I will not use illegal substances and will not become involved in a dating relationship with team members or nationals while a participant in the project.

## CRISIS MANAGEMENT

In the event of potential or immediate danger, I agree to respect and heed the decisions made by the CBM crisis management team.

## RELEASE AND WAIVER – PLEASE FILL IN

This release and waiver of liability (hereafter referred to as the release) executed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) by (your name) \_\_\_\_\_ (hereafter referred to as the participant).

I, the participant, desire to be a member and active participant of the Short-term Mission (STM) program of Canadian Baptist Ministries. I understand that the activities may include, but are not limited to, travelling to and from other countries, travelling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign countries, and participating in the activities assigned by designated STM program leadership.

CBM and the STM program will make a reasonable effort to minimize the level of undue risk in any given location and activity: understanding this I hereby freely and voluntarily, without duress, execute this release under the following terms:

1. I release and forever discharge and hold harmless Canadian Baptist Ministries and the STM program and its successors and assigns from any and all liability, bodily injury, personal injury, illness, death or property damage that may result from my participation with an STM trip. I also understand that the Canadian Baptist Ministries and the STM program do not assume any responsibility for or obligation to provide financial assistance or other assistance including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
2. I understand that CBM does not provide any health, medical, disability, or trip cancellation/interruption insurance coverage for STM participants. I have read and understood the coverage limitations of the personal insurance package that I have purchased. I assume responsibility for any additional coverage that I deem necessary for my well being. I release and forever discharge CBM from any claim whatsoever which may arise or may hereafter arise on account of my first-aid treatment or other medical services rendered in connection with an emergency during my participation with the STM program. CBM requires all short-term mission participants to visit a travel health clinic and follow the recommendations of the medical practitioner, including the obtaining and taking of all preparatory medications as prescribed. CBM will not be held responsible for any health care costs or loss of income associated with the failure to comply with such recommendation.
3. I understand that during my participation with the STM program the possibility exists that I may encounter situations which pose risk, or potential risk, to my safety and wellbeing including terrorism, war, insurrection, or criminal activities. I understand that Canadian Baptist Ministries and the STM program will not pay ransom or make any other payments in order to secure the release of hostages. I hereby expressly and specifically release Canadian Baptist Ministries and the STM program from all liability for injury, illness, death, or property damage resulting from my participation in the STM program.
4. I understand that I am fully responsible to CBM for the cost of my short-term mission trip, as outlined in the budget that is provided. It is entirely my responsibility to reimburse CBM for any costs budgeted for my trip and as such accept full liability for them upon the signing of this agreement. I commit to keeping any donor information I receive from CBM completely confidential and will not disclose it to anyone.
5. I understand that if I make a cancellation after the airline tickets, insurance, and land arrangements are already paid by CBM, I will be responsible for the full cost of the project.
6. I understand this application is accepted based upon CBM receiving affirming references and police check.
7. I understand CBM can deem an applicant unsuitable for a project or require permission of a doctor to participate. Acceptance and/or rejection of my application is made solely at the discretion of Canadian Baptist Ministries.

## PARTICIPANT

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

## WITNESS

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

## **MUST BE SIGNED BY PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18**

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_