**A close up of a keyboard

Description automatically generated with medium confidence**

**GPPD Trip Risk Statement**

This Risk Statement is to advise trip participants of potential risks of living/working in developing countries. Participants willingly accept responsibility for consequences of these risks. Living/working in other cultures imposes risks not found or associated with work in an industrialized nation such as the United States. These risks include, but are not limited to, hazards to a person and property through cross-cultural offenses, accidents, disease, criminal and terrorist acts, weather conditions, emotional and physical stress from culture shock and loneliness, and/or inadequate medical services and supplies. GPPD cannot predict or prepare participants for every circumstance; however, advises trip and overseas ministry participants of the assumed risks associated with work in a foreign country by relaying information of GPPD policies through this Risk Statement.

GPPD will not assign participants to a ministry against their will. Leadership provides direction in areas of need and availability of programs, but the participant decides their own involvement and has the right to end service and return to their passport country at their own cost and risk.

Reasonable efforts will be made to provide necessary emergency medical services on the field. Specialized services requiring evacuation from field country will be coordinated with, and under the direction of, the medical/evacuation insurance provider required for participation in the GPPD trip. (*Note: Travel insurance coverage is included in trip cost.* *Additional potential costs, including deductibles and non-covered expenses, are the responsibility of the trip participant.)*

**COVID-19:**

The Coronavirus pandemic surfaced new health safety practices for international travel. GPPD is not responsible for the risk of infection, complications, medical treatments, or consequences of participants contracting COVID-19 during a trip.

Travel restrictions and/or requirements will vary by country. By signing this document, you agree to abide by health and travel requirements enforced by the CDC (or local health agencies) or recommended by GPPD.

**Special Note**:

Since many insurgent, guerrilla, and criminal groups commit crimes of kidnapping and other forms of criminal extortion to demand ransom payment, it is important to understand that, while we are concerned for the well-being of our team and will pray and labor diligently for the release of any member taken hostage, it is GPPD policy to oppose ransom payment, including, but not limited to, cash, commodities, or services. GPPD trip participants should not assume ransom will be paid for release. GPPD strongly recommends those held hostage be interviewed by a counselor provided by the GPPD Executive Team as part of post-crisis debriefing.

**Liability and Waiver Release**:

In consideration of me and/or my minor aged child participating in the trip sponsored by GPPD, it’s partners and/or agents, and in consideration of the benefits to be derived there from, I and/or my minor aged child hereby release GPPD, it’s partners and/or agents, and their present and former directors, Associates and their heirs, administrators, executors, and successors from claims and liabilities, whether known or unknown, which arise or are connected with my participation or the participation of my family member(s), on a GPPD organized trip. I and/or my minor aged child recognize personnel, property, and health risks, including, but not limited to, accidents, kidnapping, illness, weather-related injuries, and death, and I and/or my minor child voluntarily participate on this trip with knowledge of those risks. If for any reason, including COVID-19 related circumstances, I and/or my minor child am unable to complete the planned stay on the mission trip or must extend stay in the foreign country due to quarantine or other reasons, I assume full legal and financial responsibility for expenses and consequences.

In the event of an emergency, I authorize GPPD staff to act as an agent for me and/or my minor child to consent to: x-ray examinations; medical, dental, or surgical diagnosis; anesthesia; treatments; and/or hospital care advised and supervised by a physician, surgeon, or dentist. I understand this is for emergency situations should I be incapable of making rational decisions or should my minor child have a medical emergency and I/another parent/legal guardian cannot be reached. I understand efforts will be made immediately to contact my family and/or emergency contact.

☐ I have read and understand the hazards and risks to my person and property associated with serving overseas.

☐ I understand my responsibility to read the State Department Travel Advisories regarding my travel.

( <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html> )

☐ I will not hold GPPD liable for injury, disease, delay of return, additional cost due to extenuating circumstances, COVID-19 related consequences, and/or unforeseen claims while voluntarily participating with GPPD overseas.

☐ I have read and understand COVID-19 risks, including possible additional costs and extension of stay due to quarantine, and will abide by COVID-19 guidelines set by GPPD, the airlines, and the local government.

☐ I have read, understand, and accept GPPD policy regarding ransom payments.

☐ I accept responsibility for additional costs incurred on my behalf, even if I withdraw from the team.

☐ I understand funds donated to GPPD for my trip participation are tax-deductible and not refundable. I understand if I cancel my trip or if the trip is canceled due to COVID restrictions, I and my donors will not receive a return of funds. I understand if I withdraw from the team for any other reason, donated funds are non-refundable. I understand these funds are not for GPPD profit but are used to further ministry work.

☐ The information I have provided in my application and the paperwork I have submitted is true to the best of my knowledge.

Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If the person signing is under age 18, a parent or legal guardian must sign below.*

I hereby certify I am the parent or legal guardian of the individual named above and give my consent without reservation to the foregoing on behalf of him or her.

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Name of Parent or Guardian (Please Print)

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Signature of Parent or Guardian Date