



GPPD Short-Term Trip Risk Statement

This Risk Statement is to advise participants of the potential risks involved in living and working in third world developing nations and to realize and take full responsibility for the consequences as one assumes those risks. Living and working in other cultures carries risks not found or associated with work in an industrialized nation, such as the United States. These risks can include hazards to both your person and property through cross-cultural offenses, accidents, disease, criminal and terrorist acts, weather conditions, and/or inadequate medical services and supplies. There can be added emotional and physical stress due to loneliness, culture stress, and long hours. We realize it is not possible for us to predict or fully prepare you for every circumstance you may face. However, it is our goal to advise all participants in GPPD trips and overseas ministry of the assumed risks associated with work in a foreign country and GPPD's policies through this Risk Statement. We ask that you read this form, gather as much information as you feel necessary, and when completely satisfied and confident that this is what God wants you to do, if you agree, sign and return with the application form. Keep a copy of this form for your records.

GPPD will not assign any participant to a ministry or area against their will. Leadership may, in fellowship with you, give direction in areas of need and availability of programs, but the final decision of service or participation in a program rests with you. Should you feel at any time your area of service is no longer appropriate, you have full right to end your service and return to your passport country at your own cost and risk.

In the event of an emergency requiring medical services while on the field, all reasonable efforts will be made to provide the necessary service. If an evacuation is needed for more specialized care than is available in the designated area of ministry, that will be coordinated with and under the direction of the medical/evacuation insurance provider that is required for your participation in the GPPD trip. *(Note: GPPD will purchase \$1,000,000 travel insurance coverage which is part of the current trip cost. All potential costs, including the \$250 deductible, are the responsibility of the trip member.)*

Special Note: In view of the fact that many insurgent, guerrilla, and criminal groups commit crimes of kidnapping or other forms of criminal extortion as a means of demanding payment of ransom, it is important you understand GPPD's policy in this area. We are deeply concerned for the well-being of each of our members and will pray and labor diligently for the release of any member taken hostage. However, it is the policy that GPPD opposes the payment of ransom, including, but not limited to, cash, commodities, or services. Therefore, members and participants in GPPD trips should not assume ransom will be paid for their release. GPPD requires, as part of the post-crisis de-briefing, all members who were held hostage be interviewed by a counselor approved by the Executive Team of GPPD.

Liability and Waiver Release: In consideration of me or my minor aged child being allowed to participate in the trip sponsored by GPPD, it's partners and/or agents, and in consideration of the benefits to be derived there from, I 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, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my

participation or the participation of any member of my family, including my spouse or minor child, in a GPPD organized trip. I recognize the conditions in some of the places to which I, my spouse, or my child will travel may not be of the same standard as the conditions to which I or my minor aged child is accustomed. I or my minor aged child further realizes there are certain health and other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason I, my spouse, or my child is unable to complete the planned stay on the mission trip, I assume full responsibility for all expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me, my spouse, or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; anesthesia; treatments; and/or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate). I expect my family to be contacted as soon as possible. I understand this is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, I understand every effort will be made immediately to reach the contact listed on the application.

Signature Sheet

Signatures below will indicate the following:

- Having read the Risk Statement, I am aware of the hazards and risks to my person and property associated with serving overseas in a mission capacity.
- I understand my responsibility to read the State Department Travel Advisories regarding my travel (<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>)
- This is to certify that I will not hold GPPD liable for injury, disease, delay of return, or any other claims while undertaking a Short Term Trip with GPPD.
- I understand and accept the GPPD policy regarding ransom payments described in the Risk Statement.
- I bear full responsibility for all costs incurred on my behalf, even if I withdraw from the team at a later date.
- I understand donated funds sent in to GPPD for the trip are not refundable. All information I have provided in my application and all submitted paperwork 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.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date