



ASSUMPTION OF RISK AND GENERAL RELEASE FORM  
TRIP TO Cuba December 14-16, 2024

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(name of participating individual)

I have chosen voluntarily to participate in the “Trip” to Cuba. The Trip is understood to include all activities at destinations, and all travel to and from such destinations. I was not required to participate in this Trip. This agreement confirms my understanding of the following:

1. Risks of Travel. I understand that participation in the Trip may involve risks. These include without limitation risks involved in traveling to, from, and within the Trip destination, as well as risks generated by the activities in which I engage while on the Trip. I recognize that these potential risks include, for example, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that DOULOS GLOBAL MINISTRIES recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being. I have made the independent judgment to participate in the Trip.

2. Health Insurance; Medical Care; Health and Safety Concerns. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive.

3. I authorize DOULOS GLOBAL MINISTRIES to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify DOULOS GLOBAL MINISTRIES for any and all actions taken by DOULOS GLOBAL MINISTRIES to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then DOULOS GLOBAL MINISTRIES may contact my parents or any other person whose name I have provided as my “emergency contact.” I understand that DOULOS GLOBAL MINISTRIES ordinarily will not initiate such contact without first having a discussion with me.

4. Travel Arrangements. I understand that DOULOS GLOBAL MINISTRIES does not represent or act as an agent for, and cannot control the acts or omissions of, any host, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in the Trip. I understand that DOULOS GLOBAL MINISTRIES is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.

5. GENERAL RELEASE. Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and

agree to indemnify DOULOS GLOBAL MINISTRIES, and its officers, directors, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Florida (excluding its conflict of laws principles), which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Please Print): \_\_\_\_\_

If participant is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Trip. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify DOULOS GLOBAL MINISTRIES, and its officers, directors, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Trip (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Please Print): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (United States):**

**First Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Second Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_