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www.FamilyHM.org

# Haiti Travel Registration



Total Trip Costs: Medical Trip \$1,200 • VBS \$1,000

In order to reserve your space on an FHM trip, complete this form and return it, with the following materials, by mail or email to Family Health Ministries at [info@familyhm.org](mailto:info@familyhm.org)

- **Haiti Travel Registration Form**
- **Signed FHM Liability Waiver (attached here)**
- **A clear copy of your passport photo**
- **A non-refundable deposit of \$200**

**NOTE:** The total balance is due 4 weeks prior to departure. Individuals are responsible for arranging and purchasing their own airfare. Please see the forthcoming confirmation letter for flight information. Family Health Ministries will purchase your travel insurance.

**If you send a check, please put the name of the person who will be traveling with FHM in the memo line.**

Please indicate the name and dates of your trip: Example: VBS July 21 - 28, 2019

Trip Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**Travel Information** Write your name *exactly* as it appears on your passport.

Name \_\_\_\_\_

Passport Number \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \* Gender \_\_\_\_\_ \*Citizenship \_\_\_\_\_

*\*Indicates required information for medical/ travel insurance application.*

## **Contact Information**

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

## **Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

**For FHM administrative use**

- |  |   |
|--|---|
| <input type="checkbox"/> \$200 Deposit | <input type="checkbox"/> Balance        |
| <input type="checkbox"/> Passport Copy | <input type="checkbox"/> Liability Form |

**Medical Information**

List any conditions for which you are currently being treated and any medications you are taking. This information may be helpful in the event of an emergency and will be kept confidential. Please include any dietary restrictions you would like us to note. We will try to accommodate these as best we can.

**Tell us about yourself**

Tell us a bit about your background, how you know FHM, and why you are interested in travelling to Haiti

**Medical Providers Only**

Please send a current copy of your medical license.

Medical Specialty    Pediatric    Ob/Gyn    Medicine    Family Practice  
Professional Title    M.D.    P.A.    N.P.    R.N.    Other \_\_\_\_\_

**Payment**    Select your method of payment

Cash    Check    PayPal    Visa    Mastercard    Discover

Please identify the amount you would like to pay

Deposit: \$200    Balance: \$ \_\_\_\_\_    Full Trip Cost: \$ \_\_\_\_\_

**Checks** Make checks payable to Family Health Ministries. Put the name of the person who will be traveling with FHM in the memo line.

**Credit Card Information**

Name (as it appears on card) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

## Release and Waiver of Liability



PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN A TRIP TO HAITI WITH FAMILY HEALTH MINISTRIES (“TRIP”).

Be aware that by registering and participating in this Trip, you, \_\_\_\_\_, will be waiving all claims for injuries you might sustain arising out of your participation in this Trip. In consideration of being permitted to participate in the Trip, I confirm by my signature below that I understand and agree to the following:

### 1. ASSUMPTION OF RISKS OF TRIP PARTICIPATION

I, the undersigned, have chosen to participate in the Trip in Haiti with Family Health Ministries occurring between the following dates: \_\_\_\_\_. The Trip is organized and managed by Family Health Ministries, [www.familyhm.org](http://www.familyhm.org), a faith-based nonprofit organization that primarily supports family health and education programs in Haiti. FHM is not controlled by or otherwise affiliated with any outside organization. As reflected by my signature below, I am aware of, have discussed, and accept the risks associated with and inherent in the Trip.

I understand that current conditions in Haiti pose a number of significant risks to visitors. Haiti is one of the least developed countries in the Western Hemisphere, and it lacks most of the public health and public safety resources of the United States. Haiti is located in a seismically active area and is subject to storms during the hurricane season, which runs from June to November.

The January 12, 2010 earthquake and subsequent after-shocks caused significant damage to public services and buildings in the Port-au-Prince, Leogane and Fondwa areas where I will travel and stay. Deprivation resulting from the earthquake creates increased risks to persons in Haiti. I understand that as a consequence of these and other conditions, some of which may not currently be known or which may develop or worsen prior to or during my participation in the Trip, my decision to travel to Haiti and participate in the Trip presents substantial known and unknown risks that include, but are not limited to, the risk of violence, theft, loss of property, injury, illness or death.

I hereby confirm that I have reviewed and understand the most recent version of the United States Department of State’s Consular Information Sheet regarding Haiti and any Travel Warnings issued for Haiti, [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1134.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1134.html).

I have also reviewed and understand the Center for Disease Control’s “Health Information for Travelers to Haiti,” <http://wwwnc.cdc.gov/travel/destinations/haiti.htm>.

I further state that I have read and understood the Family Health Ministries “Mission Guidebook” posted online at [http://familyhm.org/public/images/PDF/FHM\\_Mission\\_Guidebook.pdf](http://familyhm.org/public/images/PDF/FHM_Mission_Guidebook.pdf) and agree to adhere to the guidelines for team members.

I understand that FHM cannot ensure or guarantee my health or safety in Haiti.

## 2. PARTICIPANT OBLIGATIONS RELATING TO MEDICAL NEEDS AND INSURANCE

By signing this Participation Agreement I agree:

- To furnish FHM with requested medical information, birthdate and passport information so that FHM may obtain emergency medical and evacuation insurance for the Trip.
- To read and understand the limitations of the FHM-obtained insurance, understanding that there may be unusual circumstances where the medical and/or evacuation insurance will not be in effect.
- To obtain such other insurance coverage as may be relevant to my participation in the Trip. I also am aware that FHM recommends that valuable property not be brought on the Trip, and that I insure any property (i.e. what I bring into the country) against loss or theft.

## 3. RELEASE AND WAIVER OF LIABILITY

In return for FHM's permitting me to register and participate in the Trip and having read and understood this Release & Waiver, I hereby voluntarily agree to the following:

I acknowledge, agree, promise and covenant with FHM and its trustees, officers, employees, agents and all other persons or entities involved in the Trip, and do hereby release, hold harmless and discharge Releasees from any and all liability for any injury, death, illness, disease and damage to me or my property which I might sustain while participating in the Trip, including but not limited to residential living and travel incidental to the Trip, and I execute this release on behalf of and with the specific intent to legally bind me, my heirs, assigns, personal representative(s) and estate.

In signing this Release and Waiver, I acknowledge and represent that I have informed myself fully of the contents of this Release and Waiver of Liability and hold harmless agreement by reading it before I sign it and that I have reviewed it and understand what it means and that I sign this document freely. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this Trip.

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

Name (please print): \_\_\_\_\_

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

If participant is less than 18 years of age:

Signature of parent or guardian: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date: \_\_\_\_\_