

Africa Christian Training Institute/Ministries and Reconciliation Ministries Network, Inc.

WAIVER OF LIABILITY RELEASE FORM

I, the undersigned, desire to travel to Africa under the auspices of Africa Christian Training Institute and Ministries (ACTI/ACTM) and Reconciliation Ministries Network, Inc (RMN). **I understand that such travel may be hazardous and involve the risk of injury, sickness and possibly death, as well as damage to property, when traveling and/or in the African country (usually Uganda). I understand that I may need to travel and live in very primitive areas, risk violence from crime, war, terrorists, political unrest and other dangers, and may be exposed to food and water-borne diseases and to disease from other carriers. I understand that some diseases may not produce symptoms during the actual trip, but may occur after the trip. I understand also that medical facilities in Africa may not be of the quality of medical facilities in the United States. I understand that I may be injured if involved in a construction project, or infected, particularly in medical ministry.** (_____)Initial

I understand that there may be delays and sudden change of schedules and/or cancellation of schedules. While reasonable care will be taken to maintain the vehicle used in transport in Uganda (if controlled by ACTM), I understand that breakdowns may occur. I understand that circumstances may arise such that I might be asked not to go on this mission and that only those monies refunded to RMN or still in the possession of RMN will be refunded to me. (_____) Initial

I acknowledge that I am in good physical condition. I understand also that the journey may involve strenuous physical activity, including, but not limited to, long walks and hiking in hills and or/mountainous areas. (_____) Initial

I voluntarily and personally assume the risk of any and all consequences of my travel with ACTI/ACTM and RMN (that is, travel using ACTI/ACTM and RMN personnel and services). I expressly waive my right and the right of any of my heirs, legal representatives and assigns to sue or otherwise collect damages of any kind from ACTI/ACTM and/or RMN, its officers, personnel or volunteers, or from my church, its officers, personnel or volunteers, resulting from any cause whatsoever including but not limited to sickness, personal injury, property damage, delay, and change of schedule, wrongful death, theft or loss of property.

If any part of this agreement is not valid or declared to be so by a Court of Law, I agree that the remaining portions will continue in full force. (_____) Initial

I, the undersigned, have voluntarily and without duress signed this WAIVER OF LIABILITY form. I assert that I have read and fully understand the above WAIVER OF LIABILITY.

Printed Name _____ Age _____

Signature _____ Date _____

Acknowledgement:

State of: _____ City of: _____

The foregoing Waiver of Liability was acknowledged before me this _____ day of, _____ 20__ by _____, after proper identity was established.

Notary Seal _____ Notary Public in and for the State of _____

My Commission expires: _____