



## **TEAM AGREEMENT**

Our vision for global(x) trips is that they will be opportunities for people to pursue spiritual growth and healthy relationships through serving. To accomplish this vision, we ask that you agree to the following:

### **Spiritual Development:**

- I commit to discipline myself and to put a priority on growing deeper in my walk with Christ during the preparation process and during the trip itself.

### **Healthy Relationships:**

- I will make it a priority to attend 80 percent of the team meetings and to be an active participant in all team and project activities.
- I will attend a security and safety briefing.
- I will uphold the standard of behavior my team and I discuss and decide is necessary (e.g., conflict resolution, team correspondence, conduct on the field, etc.).
- I will be sensitive to the culture in my words, actions, and dress.
- I will refrain from any activity or behavior that might be a stumbling block to any team member, our partnership ministry, or the people I am seeking to influence.
- I will refrain from a romantic relationship with another team member or a national throughout the entire trip process.
- I will submit to the authority of the team leader. I realize I may be asked not to go or sent home by the team leader at my own expense if I do not adhere to the team agreement.
- I will develop an attitude of service and flexibility. I commit to serve the team, the team leader, the nationals, and the overseas workers in the field. I will bring a spirit of flexibility to the project, assuming that plans often change.
- I will not give cash or personal gifts of any kind to a national while on my trip. I understand that doing so may create an unhealthy dependency and sense of entitlement. I agree to adhere to this policy no matter the circumstances in order to protect the health of the relationships between my team and the people we are serving, as well as global(x) and our partners.

Initial here: \_\_\_\_\_

## FINANCIAL AGREEMENT

- I will give a **nonrefundable deposit** of \$100 at the first team meeting to solidify my commitment to this trip.
- I understand that **I am financially responsible** for the full trip cost and agree to raise funds or self-fund as necessary to meet this goal.
- Once airline tickets have been purchased, I am responsible for 100 percent of the ticket price, even if I have to withdraw from the global(x) trip.
- I agree to meet fundraising deadlines as determined by global(x), and **I understand that failure to meet one of the deadlines may result in being unable to go on the trip.**
- In the event I am unable to participate in the global(x) trip, I understand that **all funds raised are nonrefundable and nontransferable** to a future global(x) trip.
- I understand that any funds raised over the required amount for my trip are nonrefundable and will be used to cover overall trip costs and/or international projects as determined by the global(x) staff.

Initial here: \_\_\_\_\_

## **TALENT RELEASE**

I, \_\_\_\_\_ hereby permit global(x) and North Point Ministries Inc. (NPMi) to use any audio, video, written, or pictorial footage of myself taken while on this global(x) trip for future promotions of global(x) and NPMi.

I understand that neither global(x) nor NPMi will use any of this footage for any purposes or organizations outside of marketing for global(x) and NPMi, nor will they sell or release this material to any outside party.

Initial here: \_\_\_\_\_

## SIGNATURE PAGE

***I have read and agree to the following: global(x) Code of Conduct, Team Agreement, Financial Agreement, and Talent Release.***

Signed: \_\_\_\_\_

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

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



## HOI VOLUNTEER PROFILE – 2018

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ GENDER \_\_\_\_\_

FULL NAME AS ON PASSPORT \_\_\_\_\_

PASSPORT NUMBER & ExpirationDate \_\_\_\_\_

ADDRESS \_\_\_\_\_

Date of Most Recent HOI Trip \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMAIL \_\_\_\_\_

CURRENT CHURCH ATTENDING \_\_\_\_\_

IF YOU SPEAK SPANISH, WHAT IS YOUR LEVEL (check one):

BEGINNER  INTERMEDIATE  FLUENT

OCCUPATION \_\_\_\_\_

### 1. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY

\_\_\_\_\_  
RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

### 2. PERSON (NOT TRAVELING WITH YOU) TO NOTIFY IN CASE OF EMERGENCY

\_\_\_\_\_  
RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

VOCATIONAL / AVOCATIONAL SKILLS YOU CAN SHARE with HOI \_\_\_\_\_

\_\_\_\_\_

I am committed to serve God, the people of Honduras, and my group with love, patience, skill, and understanding. I will participate with an open heart and mind endeavoring to become a better person and a more faithful servant. I will live by the expectations of the HOI staff and attempt to make this experience my best.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL INFORMATION

PERSONAL PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

KNOWN MEDICAL PROBLEMS \_\_\_\_\_

**MEDICAL CONSENT FORM:** In the event that I become ill or sustain an injury while on an authorized trip with HOI, I, the undersigned, give my permission to those in charge to take whatever steps necessary to administer needed First Aid or medical treatment. I give my permission to the attending used by those in charge to hospitalize, secure proper treatment, order injections, medications, or emergency surgery in the case of emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



## **HOI – 2018 – Central America**

### **ACKNOWLEDGEMENT, RELEASE, COVENANT AND INDEMNIFICATION AGREEMENTS**

Since beginning work in Honduras over 25 years ago, HOI, Inc. (formerly known as Honduras Outreach, Inc.) has enabled thousands of visitors from the United States to have enjoyable, rewarding visits to Central America. Because the places HOI sends teams are in relatively inaccessible, economically poor areas of Central America, including Honduras and Nicaragua, it is very important that visitors be in good health and understand in advance the travel required and the conditions at the work sites and other places they may visit. In exchange for the opportunity to participate in HOI activities, visitors and parents of minor youths who visit are required by HOI to enter into this Agreement. It is a covenant not to sue HOI or its personnel and to release and indemnify them against certain types of claims. You should carefully read and be sure you understand the following information and agreements.

#### *HOI Project Locations and Travel Conditions; Medical Considerations*

Central America includes some of the poorest, least developed countries in the western hemisphere. Many places HOI visits are very rural areas remote from paved roads, telephone landlines and cell phone service. Thus, at times, routine communications with persons in North America may not be possible, and emergency communications may be unreliable. HOI trips will involve travel on domestic and international air carriers, as well as on foot and on buses and other vehicles, some of which may not have seat belts. Vehicle maintenance in Central America is often inferior to that in North America, only some of the roads are paved, many of the roads are not in good repair, and the roads and public areas are not all well patrolled by public safety officers. Accordingly, there are hazards of travel to and in Central America. As is true elsewhere, crimes against property and people occur with some frequency in portions of Central America, possibly including areas that will be visited, and there is some risk of theft, kidnapping, terrorism and other violent crimes. Food borne illnesses are common, and municipal system water is not safe to drink. Medical services, particularly emergency services, consistent with North American standards are *not* available, and the nearest hospital may be remote from areas visited.

HOI activities are conducted in an effort to assure the health and safety of both visitors and residents. However, some of the areas visited are working farms with the inherently dangerous conditions associated with any farm, including the presence of farm equipment and horses, cattle and other large animals. These conditions require care on the part of visitors. Visitors who work on HOI projects may engage in hazardous manual labor using picks, shovels, machetes, saws, knives, trowels, hammers, ladders, power tools and other potentially dangerous tools, may work at heights greater than ten feet above the ground and may be subjected to inclement weather, including locally typical weather that contributes to a risk of heat exhaustion. Common recreational activities of Central American visitors not HOI sponsored include touring, canopy zip-line tours, kayaking, hiking, volcano boarding or surfing, horseback riding, ocean surfing, sporting activities and swimming.

The risks and hazards associated with travel and other activities in Central America include possible bodily injury and death, and this is not a complete list of the risks and hazards that may be encountered. You must share responsibility for protecting your own health and safety by taking



appropriate precautions before and during their trip, observing common sense and HOI safety rules, undertaking only activities, and using only tools, with which you are comfortable and following the advice and directions of HOI staff members throughout the visit. You should consult with your personal physician before your trip to Central America and obtain all appropriate vaccinations and protective medicines. You should have a physical if you have not recently had one, and you must supply HOI with a physician's statement indicating that your doctor is not aware of any health condition or other reason you should not participate in the trip and activities.

## **RELEASE, COVENANT AND ASSUMPTION OF RISK AGREEMENT**

In consideration of the opportunity afforded me by HOI to visit Central America and/or engage in HOI activities, and in recognition of the possible hazards to which I may voluntarily subject myself in Central America and in traveling outside the United States of America to visit a substantially less developed region of the world, I acknowledge that I have read and understand the information and dangers set forth above, I assume all risks associated with these activities and travel, and I hereby knowingly, freely and voluntarily waive any right, claim or cause of action, of any kind whatsoever, arising as a result of my visit to Central America, including travel relating to the visit, from which any liability may or could accrue to HOI, its officers, directors or employees (collectively, the "Releasees"), and I hereby release the Releasees from any such claim or causes of action I may in the future have against any of them arising out of such activities, and I hereby covenant not to sue or otherwise assert claims of any kind against any of the Releasees arising out of such activities. This Agreement shall be binding on me and my heirs, executors, legal representatives and assigns, and shall be governed by the internal laws of the State of Georgia, and any litigation between me and the Releasees pertaining to any of these matters shall be brought and conducted solely in the Superior Court of DeKalb County, Georgia.

Signed by visitor on the date shown below in the presence of two witnesses:

Signature of visitor: _____	1. Witness: _____
Print name of visitor: _____	Print witness name: _____
Date signed: _____	2. Witness: _____
Visitor's date of birth _____	Print witness name: _____



## **POLICIES OF HOI – 2018**

**Alcohol & Drug:** The use of alcoholic beverages and illegal drugs is prohibited while traveling under the auspices of HOI. Please be sensitive to the fact that there may those with you who are battling addictions to these substances.

**Minors Traveling:** Volunteers who travel with HOI must be at least 13 years of age by the week their group is scheduled to travel. Thirteen year olds must be accompanied by a parent. The final decision regarding age criteria above 13 years is at the discretion of the Mission Team Leader.

**Group Travel:** Mission teams must travel together as a group from Day One of the mission week until the conclusion of the trip one week later. Due to staff and vehicle limitations, travel at any other time is not possible. Only individuals whose paperwork and payment have been received by the four-week deadline will be allowed to travel. No additional team members can be added after the four-week deadline.

**Community Development / Mission Trip Requests:** The Community Development Program is specifically designed to train residents in problem solving, teamwork, and planning. It addresses needs in village infrastructure, education, spiritual growth, health and hygiene, agriculture and economic development. This program is designed to teach and encourage the people to be independent rather than dependent. Therefore, please adhere to the following:

- Gifts of cash directly to villagers or to an HOI employee or its agents are prohibited and jeopardize the person's employment. If you wish to assist a village financially or through a specific project please contact the US office. Since projects in each village have been identified and prioritized by the villagers themselves, something a North American missionary perceives as a priority may differ from what the actual village has identified. HOI encourages teams to partner with the Community Development program as an avenue for assisting villages in meeting their priorities. Please refrain from making promises as individuals or as a team to a community or a specific person. HOI has avenues in place to assist with special projects. Please contact the US office for more information on Partnering or if you wish to assist financially.
- Though we condone communication with our Central American staff on a personal level, specific requests and arrangements involving a mission trip are discouraged. Any special arrangements or requests must be initiated prior to the mission trip with the Mission Program Coordinator in the US office. Every effort will be made to accommodate requests.

**Missioner Agreement:**

I, \_\_\_\_\_, as mission team member with \_\_\_\_\_ (team name), have read and understand the Policies of HOI. I will adhere to these rules while traveling under the leadership of HOI and upon returning home.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## MEDICAL AND LIABILITY RELEASE

global(x), operated by North Point Ministries, Inc., under the supervision of the staff and volunteers of North Point Community Church, Buckhead Church, Browns Bridge Church, Woodstock City Church, Gwinnett Church and/or Decatur City Church, require the completion and acceptance of a medical and liability release prior to participation in a global(x) trip.

**Trip Dates:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

I am over the age of eighteen, and I am fully competent to sign this Release. I have voluntarily chosen to participate in the project of global(x)/NPMi (collectively "**global(x)/NPMi**"), on the dates provided above and the place indicated above, and the travel and other activities incidental or related thereto (collectively, the "**Service Trip**"). In consideration of and as a condition to being permitted to participate in the Service Trip, **I, on behalf of myself and my representatives, estate, executors, heirs, next of kin, administrators, beneficiaries, insurers, successors and assigns, and anyone else who might now or in the future claim by or through me (collectively, "my Representatives"), hereby agree to be bound by this Release in its entirety.**

- 1. Understanding the Risks.** I certify that, except as expressly indicated on my Service Trip application, I am in good health and physical condition and I HAVE NO MEDICAL CONDITIONS OR PHYSICAL LIMITS that would prevent my participation in the Service Trip. I UNDERSTAND THAT INTERNATIONAL TRAVEL AND MISSIONS OPPORTUNITIES INVOLVE INHERENT RISKS AND DANGERS, including but not limited to CRIME, CIVIL UNREST, TERRORISM, WAR, SICKNESS, DIFFERING SAFETY STANDARDS OF BUILDINGS, PUBLIC SPACES AND TRANSPORTATION, VARYING QUALITY AND AVAILABILITY OF MEDICAL TREATMENT, and other similar and dissimilar risks that may result in injury or loss to me, INCLUDING, BUT NOT LIMITED TO, ILLNESS, BODILY INJURY, PROPERTY LOSS AND DEATH (hereinafter, "Risks"). I have carefully considered such Risks, and I, ON BEHALF OF MYSELF AND MY REPRESENTATIVES, VOLUNTARILY ACCEPT, ASSUME AND CONSENT TO ALL SUCH RISKS THAT MAY RESULT FROM SUCH PARTICIPATION IN THE SERVICE TRIP.
- 2. Understanding global(x)/NPMi Relationship with Third Parties.** I understand that global(x)/NPMi does not represent or serve as agent for, and cannot control the acts or omissions of, transportation carriers, hotels and other suppliers of goods and/or services in connection with the Service Trip.
- 3. General Release.** I, on behalf of myself and my Representatives, hereby IRREVOCABLY, UNCONDITIONALLY, AND FOREVER RELEASE, DISCHARGE, ABSOLVE, AND COVENANT NOT TO SUE Global(x), NORTH POINT MINISTRIES INC., and churches or other charitable organizations cooperating in the Service Trip, and all of their respective parents, subsidiaries, affiliated entities, successors and assigns (hereinafter, "Released Entities"), and the respective members, directors, officers, trustees, elders, deacons, managers, employees, representatives, agents, and volunteers of the Released Entities (hereinafter, "Released Parties"), from and with respect to any and all INJURIES, LOSSES, DAMAGES, CLAIMS, ACTIONS, RIGHTS, LIABILITIES, CAUSES OF ACTION, DEMANDS, OR OTHERWISE (collectively, "Claims and Liabilities"), and agree that the Released Parties SHALL NOT BE LIABLE FOR SUCH CLAIMS AND LIABILITIES, ARISING FROM MY PARTICIPATION IN THE SERVICE TRIP, or my request to be permitted to participate in the Service Trip, WHETHER

FOR PERSONAL INJURIES, PROPERTY DAMAGE, ILLNESS, DEATH, THE DISCLOSURE OF MEDICAL INFORMATION, OR IN ANY WAY RELATED TO EMERGENCY MEDICAL TREATMENT PROVIDED TO ME, OR IN CONNECTION WITH THE MEDIA LICENSE DESCRIBED BELOW, whether foreseen or unforeseen, present or future, known or unknown, even if caused by, or arising in whole or in part from, the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties, except only Claims and Liabilities resulting from the gross negligence or willful or wanton misconduct of a Released Party. Furthermore, I, on behalf of myself and my Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against ANY AND ALL CLAIMS AND LIABILITIES released herein. This indemnification INCLUDES ALL COSTS OF DEFENDING SUCH CLAIMS, INCLUDING ATTORNEYS' FEES, COSTS, AND EXPENSES, whether suit is filed or not.

4. **Media License.** I, on behalf of myself and my Representatives, hereby assign and grant to Global(x) and NPMi AN IRREVOCABLE, PERPETUAL, ROYALTY-FREE LICENSE TO USE MY PHOTOGRAPH, IMAGE, VOICE, LIKENESS AND ANY IDENTIFIABLE ATTRIBUTES, IN WHOLE OR IN PART, IN ANY MEDIA (the "Images") for development or charitable solicitation, advertising, trade and any other lawful purposes now and in the future that are in fulfillment of global(x)/NPMi's charitable purposes without further notification, inspection or approval and at no cost to the Released Parties and with no compensation to me (provided, however, that neither global(x)/NPMi nor any other Released Party shall be obligated to use the Images in any way), and I further agree that NPMi shall be the exclusive owner of any and all rights, including copyrights in the Images.
5. **Medical Expenses Understanding.** I understand and agree that the Released Parties are not responsible for any medical expenses that I may incur while participating in the Service Trip. I further understand that I am required and solely responsible to carry comprehensive health insurance for the duration of the Service Trip, and further that travel insurance is required for the Service Trip in addition. Any request for reimbursement for medical expenses must be made to my insurers.
6. **Expenses for Change in Travel Plans; Other Injuries.** I understand and agree that I bear the sole responsibility for any travel expenses which I incur in the event global(x)/NPMi finds it necessary to send me home prior to the scheduled departure date, for behavior that global(x)/NPMi deems inappropriate, immoral, or not in keeping with the Code of Conduct and Team Agreement I have reviewed and must fulfill. I understand and agree that in the event my participation in the Service Trip is cancelled, the Cancellation Policy as stated in my application shall apply to all funds received as a result of my payments or my fundraising efforts. I further understand and agree that the Released Parties are also not responsible for any injury that I may suffer while traveling independently before or after the Service Trip or during my free time, and that such Claims and Liabilities are part of my release in Paragraph 2, above.
7. **Release of Personal Information.** I, on behalf of myself and my Representatives, give my express, written consent allowing global(x)/NPMi to share my personal information, including, but not limited, to my name, age, address, phone number, photograph, credit card information (if applicable), and passport information ("**Personal Information**") with travel service providers (e.g., travel agents and agencies, airlines, hotels, ground transportation, tour operators, attractions, and travel insurance companies ("**Travel Providers**") for the purposes of reserving and booking travel arrangements and obtaining travel related products and services in connection with the Service Trip. I agree that the Travel Providers may contact me as necessary to obtain additional information in order to facilitate my travel arrangements for

the Service Trip. I understand that the use of my Personal Information by Travel Providers is subject to the policies and procedures of such provider and not those of global(x)/NPMi. NPMi's use of Personal Information, however, is subject to the North Point Ministries Privacy Policy, which is located at <http://northpointministries.org/privacy/> and is incorporated herein by reference. Furthermore, I authorize the release of Personal Information to the US Department of State, US Embassies and Consulates, or other government agencies as may be required or recommended, in the sole opinion of global(x)/NPMi, for travel purposes.

- 8. Release of Medical Information and Permission to Treat.** I, on behalf of myself and my Representatives, give my express, written consent allowing global(x)/NPMi to share my Personal Information, as well as any information in its possession regarding any health or medical conditions and any applicable health or travel insurance coverages that I may have, to or for the use of a medical provider in the event that global(x)/NPMi believes it is reasonably necessary for the provision of medical care to me. I further agree that global(x)/NPMi is authorized to request that available, trained medical personnel provide emergency medical care to me if global(x)/NPMi believes it is reasonably necessary, and that the Release expressly applies to such instances.
- 9. Trip Participation Covenant.** I have received a copy of the Code of Conduct and Team Agreement and agree that I will be an ambassador for Christ who strives to abide by this Covenant in full. To be clear, global(x)/NPMi cannot and does not wish to control anyone's behavior against his or her wishes. Instead, global(x)/NPMi seeks like-minded individuals who share its religious beliefs and view their conduct as a reflection of their spiritual life. As such, global(x)/NPMi expects that I, as its volunteer, will whole-heartedly endorse these ideals in order to maximize the participants' collective witness for Christ and the work accomplished for the Kingdom of God on the Service Trip.
- 10. Mandatory Arbitration.** Consistent with Matthew 18 in the Holy Bible, any claim or dispute between the parties concerning questions of law or fact or both arising out of or relating to this Release, its interpretation or performance, or its alleged breach, which is not disposed of by agreement of the parties, shall be resolved by binding arbitration in Atlanta, Georgia by and under the rules of Peacemaker Ministries (or its successor) except as such rules are modified here. Those rules are currently published at [www.peacemaker.net](http://www.peacemaker.net). The parties covenant to keep such questions and arbitration proceedings confidential except as necessary to effectuate and/or enforce arbitration. The parties covenant and agree that they will not sue or otherwise bring actions against each other in any courts, that arbitration is their sole and binding remedy, that they waive their rights to sue or to appeal or to other remedies (except to the extent necessary to enforce the final award or finding), and that if this covenant not to sue and waiver are not legally effective, then such arbitration is a prerequisite to any other remedy. The parties covenant and agree to abide by, perform, accept, and fulfill the final award or finding concerning such questions without recourse to any other court or tribunal, except to the extent necessary to enforce said final award or finding.
- 11. General Provisions.** This Release is binding upon me and my Representatives. This Release contains the complete expression of the agreement between me (on behalf of myself and my Representatives) and the Released Parties with respect to the subject matter hereof, and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any claims or liabilities that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. Section headings and titles are for convenience of reference only and shall not affect, nor be construed to affect, the meaning of any provision

of this Release. Time is of the essence as to all matters herein. This Release is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). The terms of this Release are severable. This Release shall not be strictly construed against any party.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY AND RELEASE, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY AND HOLD HARMLESS Global(x), NORTH POINT MINISTRIES, INC. AND THE OTHER RELEASED PARTIES, AND I SIGN IT OF MY OWN FREE WILL.**

**Printed Name of Participant:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

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

**Physical Address:**

\_\_\_\_\_

(Street Name and Suite/Apt)

\_\_\_\_\_

(City/State/Zip)

**Email Address:** \_\_\_\_\_