

**Covid-19 Liability Release Waiver**  
**Mission Partners for Christ**

The World Health Organization has declared the novel Coronavirus (Covid-19) a worldwide pandemic. Due to its capacity to transmit from person to person through respiratory droplets, the government has set recommendations, guidelines and some prohibitions which Mission Partners for Christ (MPFC) adheres to follow.

In consideration of my participation, the undersigned acknowledges and agrees to (initial next to each one)

\_\_\_ If I have symptoms that may be covid or communicable disease (not limited to fever, fatigue, difficulty breathing, dry cough, loss of taste or smell) I will NOT go on the mission trip AND I understand that my trip cost cannot be refunded.

\_\_\_ I will complete the covid vaccine series at least 2 weeks prior to the trip and submit documentation to MPFC.

\_\_\_ I will complete all required covid testing within the required time frame per requirements of airline, jurisdiction or government.

\_\_\_ I will follow all airline and country guidelines which may require wearing masks, covid testing, and quarantine in a government facility.

\_\_\_ I understand that if I am required to quarantine in another country and/or receive medical care that I am responsible to have the funds to pay for such care or quarantine, MPFC will not reimburse me for any additional expenses of quarantine or medical care and MPFC will proceed with their outreach and return to the USA with or without me as the case may be.

\_\_\_ With full knowledge of the risks involved, I hereby release, waive, discharge the organization, its board, officers, affiliates, representatives, successors and assigns from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury or death, that may be sustained by me related to Covid-19 while participating in travel for or while on a mission trip.

\_\_\_ I agree to indemnify, defend and hold harmless MPFC from and against any and all costs, expenses, damages, laws and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss or death from or related to Covid-19. By signing below, I acknowledge I have read the foregoing liability release waiver and understand its contents: that I am at least 18 years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it. I am indicating that I have read, understood and agree to act in accordance with all of the conditions expressed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, state, zip code)

\_\_\_\_\_  
(Email)