



Dearest Team Participant,

Congratulations! With this letter, you have taken the necessary steps to begin the process of serving alongside the Life in Abundance family. Please allow me to be the first person to thank you for joining us in serving to empower our partner communities. We consider it a tremendous step of faith that you have taken, to leave what is familiar in pursuit of serving some of the world's most marginalized people and communities.

I know that you have spent much time and prayer considering this opportunity and ultimately committing to go and serve. At the very same time, we do not take this experience lightly and therefore take extreme precautions and preventative measures to ensure that you have the safest possible experience.

Therefore, in addition to being the first from our team to welcome you, this letter serves as a cover sheet to the very important contents included herein. This information is so important that you can't leave the country without completing, submitting, and receiving the respective clearance from LIA. Please take a few moments right now and look through the items listed below, in detail.

Included Documents:

- ✓ Personal Information Form
- ✓ Assumption of Risk / Release from Liability Form
- ✓ Participant Covenant

Serving to Empower,

Florence Muindi, MD, MPH
Founding President / CEO
Life in Abundance International



DOCUMENTATION CHECKLIST AND RETURN PROCESS

Thank you so much for taking the time to review, complete and return the necessary documentation in order to meet the legal and logistical requirements of serving with LIA. Please take one final moment to review the checklist below, ensuring that all of the proper and necessary documentation is included herein. Any missing elements from this packet have the potential to preclude your participation from serving alongside of Life in Abundance.

NOTE: LIA strongly recommends that all citizens partnering with us register with the respective United States Government Embassy / Consulate that will be located at the final destination. This registration is important for multiple reasons, but the most important is that the Embassy can reach you in case of national emergency and/or crisis. If part of a church-led team, this may be required by and handled by your church. If you desire to complete this registration please contact the staff member listed below to receive the information needed.

Items to Return:

- Completed *Personal Information Form* – 2 pages
- Completed *Assumption of Risk / Release from Liability Form* – 2 pages

NOTE: Please return all documents to the LIA Teams Coordinator 30 days prior to your departure.

Items to Review ONLY:

- Participant Covenant* – 1 page

DOCUMENT RETURN PROCESS

If traveling with a church-led team:

Please return the above documents at one time and as one package to your team leader or per the instructions provided by your church. Team leaders and/or church contact(s), once documents have been received from all participants, please return all documents as one packet.

If **NOT** traveling with a church-led team:

Please return the above documents at one time and as one packet.

Please return all documents to:

Jason Dilday - Director of Care & Engagement

Email: jason@lifeinabundance.org (preferred method)

Fax: (866) 542-3366

Mail: 211 Townpark Circle, Suite 201 | Louisville, KY 40243

Questions? Call or email Jason Dilday at (502) 727-2639 or jason@lifeinabundance.org



Life in Abundance International will not rent, sell or share any of your personal information.

PERSONAL INFORMATION (Please print clearly)

Name: _____

Birthdate: _____ / _____ / _____

Age: _____

Address: _____

Male Female

City: _____

State: _____

Zip: _____

Mobile Phone: _____

Alternate Phone: _____

Email: _____

TRIP INFORMATION (Please print clearly)

Trip Destination: _____

Team Leader Full Name (if applicable): _____

Trip Start Date: _____ / _____ / _____

Trip End Date: _____ / _____ / _____

Team Co-Leader Full Name (if applicable): _____

EMERGENCY CONTACT INFORMATION (Please print clearly)

Name: _____

Relationship to you: _____

Mobile Phone: _____

Alternate Phone: _____

MEDICAL INFORMATION (Please print clearly)

Please list any medical conditions and/or allergies that could affect your trip:

Please list any prescription medicine(s) that you take:

Please list any food allergies and/or dietary restrictions that could affect your trip:



Please fill out the following information to help us better know how to use your gifts.

1. Occupation

2. If student, what are you studying?

3. Ministry Experience:

4. Ministry Interests:

5. Gifts, Talents

This space is for internal use only. Please do not write and/or mark within this box.

Personal Information Completed: _____

Liability Agreement Completed: _____

Notes: _____

LIA Signature: _____

Date: _____



Purpose. I, _____, (print first and last name) agree, by my own free will, decision and initiative, to participate, travel and undertake other related activities ("Activities") at locations to be determined by Life in Abundance International ("LIA"), a non-profit association, in various parts of the world.

Acceptance of Risk. I am aware that the Activities may be HAZARDOUS AND ENTAIL NUMEROUS RISKS. Accordingly, I have read and understood the United States Department of State travel warning provided by LIA pertaining to my destination of travel. I am voluntarily participating in the Activities. These Activities include (but are not limited to) visiting facilities with or on behalf of LIA, visiting countries and facilities in countries that may have forms of civil unrest and violence, and traveling by any means in visiting foreign countries and other related Activities. I understand the danger involved in such Activities and participate with the knowledge that medical facilities may not be available in the event I become ill or injured. Thus, I agree to accept any and all risks of injury, illness, or death, and verify this statement by placing my initials here: _____.

Release. In exchange for being permitted by LIA to participate in these Activities, I agree that I, my heirs, personal representatives, and assigns, will not make a claim against LIA or its directors, officers, agents, employees, volunteers, suppliers, contractors, subcontractors, or attorneys (the "Released Parties") for injuries, illnesses or damages resulting from the negligent, reckless, or intentional acts or omissions of the Released Parties. I release the Released Parties from all actions, claims, or demands that I, my heirs, personal representatives, or assigns now have or may have in the future for injuries, damages or death resulting from my participation in any LIA Activities.

Indemnity. I agree to indemnify and hold harmless the Released Parties from any and all loss, liability, claims, damages, costs and expenses (including attorneys' fees) resulting from or relating to, in whole or in part, my participation as a volunteer in LIA Activities.

Additional Release. I transfer to LIA all rights, title and interest I may have in any and all photographic images, video or audio recordings, interviews, and other written, visual or broadcast media made, originated or created by LIA or its agents or employees during or in connection with LIA's Activities, including (but not limited to) any royalties, proceeds, or other benefits derived from such materials.

Comprehension and Appreciation. I have carefully read this Assumption of Risk and Release of Liability Agreement and I fully understand its contents. I am aware that this is a legal contract between LIA and me and that it affects my legal rights. I also understand that by releasing LIA from liability, I am giving up certain rights that I would otherwise retain. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions, and I verify this statement by placing my initials here: _____.



Insurance. I understand that LIA does not maintain any form of insurance, including but not limited to health, life, liability, or for property loss, for me for any Activities. In the event of injury, I will be responsible for all of my losses, costs, expenses, etc. To mitigate the impact of such a loss, I have obtained the recommended travel insurance for the duration of my trip. I verify this statement by placing my initials here: _____.

Intent of Agreement. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California. I verify this statement by placing my initials here: _____.

Arbitration. In the event of any claim or dispute relating to this Agreement or any of the Activities or other matters described in the Agreement, I agree that such disputes shall be settled by binding arbitration in California, in accordance with the rules then prevailing of the American Arbitration Association, in lieu and instead of a jury trial. I verify this statement by placing my initials here: _____.

Entire Agreement. This Agreement embodies the entire agreement and understanding between LIA and me. This Agreement may not be changed, waived, discharged, or terminated unless agreed to in writing by LIA and me.

Severability. I agree that in the event that any clause, sentence, or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the validity of that clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable. I verify this statement by placing my initials here: _____.

This Agreement is binding upon me and my heirs, personal representatives, and assigns, and any other person making a claim on my behalf. In addition, if I am a married person or have another legally recognized partner, I agree that this Agreement is made by me on my behalf and on behalf of the marital community of my spouse and me, and I agree that this Agreement will be binding on that marital community or, in the event of a legally recognized partner, the same will apply.

Participant Signature: _____

Date: / /

Parent / Guardian Signature: _____

Date: / /

(If you are under 18 years of age, it is required that your parent/guardian sign this document.)



On behalf of the Life in Abundance family, we are honored that you would sacrifice your time and resources to engage with us at the community level. Anytime we enter into a different cultural context, it is important to be mindful that we are guests in a country where the people have different norms and values and where situations and circumstances can be very different from those at home. In an effort to fully honor the culture, the people, and the local church in the communities in which LIA works, please submit to local leadership and allow yourself to be aware of the areas where you can be “culturally sensitive”. There will be many things that we do not understand — it is best to watch, listen, and learn. We are not there to advocate or introduce Western values or methods, therefore we must do everything we can to respect and help preserve their traditions and culture. In doing so please adhere to the following guidelines.

1. I will keep my character above reproach in conduct and courtesy to maintain credibility of my Christian witness and to bring glory and honor to Christ.
2. I will be an encouragement to my brothers and sisters in Christ both within the team and/or with those on the field.
3. I will submit to those who have been given authority over me at all times.
4. I agree that no community and field engagement will be done alone but with fellow team members and at least one LIA staff member.
5. To bring respect and honor to the culture I am entering into, I will refrain from any consumption or abuse of alcohol, prescription drugs, illegal substances or tobacco products.
6. I will commit to having a flexible, teachable and humble spirit throughout the trip in effort to grow as a disciple of Jesus Christ and bring glory to His name.
7. I agree to exercise wisdom and resist any activities, interactions, and relationships that could take my focus from the intent of the trip.

I understand that if my decisions or conduct are misaligned with the above that I will be approached by LIA leadership and based on circumstance, handled accordingly.