

NOTARIZED WAIVER OF LIABILITY RELEASE FORM—SOUTH SUDAN

I, the undersigned, desire to travel to Africa under the auspices of Reconciliation Ministries Network, Inc (RMN). I understand that the US State Department currently warns Americans against travel to South Sudan (see www.travel.state.gov for the current status). 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 to and from and/or in the African country. I understand that I may need to travel and live in very primitive areas, risk violence from crime, war, terrorism, 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 in selecting transportation, I understand that breakdowns and delays may occur, and flights may be missed. I understand that circumstances may arise such that I might be asked not to go on this mission or to return early, 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. I understand that temperatures may exceed 110 degrees Fahrenheit.

(_____) Initial

I voluntarily and personally assume the risk of any and all consequences of my travel with RMNi and those ministries and organizations selected by RMN to provide travel. 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 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.

(_____) Initial

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 _____, (OVER)

after proper identity was established.

Notary Seal

Notary Public in and for the State of _____

My Commission expires: _____

Rev. 9/9/14