

**STAR OF HOPE ®**  
**StarTeam Member Participant Application and Release Form**  
**Short Term International Mission Trip**

**TRAVEL:**

\*Star of Hope® Short Term Mission trips (StarTeams) are not designed as “typical tourist vacations”. Most trip sites require travel to remote areas of the world where logistical requirements for volunteers may involve unconventional modes of transportation and/or accommodations. Every possible precaution that can be taken to insure safe travel is the standard by which the StarTeam operates. Nowhere in the world are there highways or vehicles of the quality to which we in the U.S. have grown accustomed. All drivers are known to the team leaders and are familiar with the driving conditions of the area. Night driving and driving in inclement weather are avoided whenever possible. Vehicles are evaluated and are repaired or replaced at Star of Hope® expense if necessary when a problem becomes known.

**HEALTH & SANITATION:**

All team members are instructed in safe health habits prior to entering the foreign country and reminded periodically of these safety tips. Food for the team is cooked from food in the country by personnel who are familiar with the necessary steps in food preparation to prevent illness by the team members. Only bottled water is used for drinking. In tropical areas the use of sunscreen and insect repellent is required of all team members.

**GENERAL SAFETY:**

When in unfamiliar territory all team members are required to travel in groups. A group is more than two and must include more than one male member of the team.

**RULES OF TEAM CONDUCT:**

1. The team leaders are in charge and their directions must be followed. There may come a time when the leader will only have one opportunity to speak and the safety of the entire team may depend upon listening and responding.
2. There will be no cursing, profane, vulgar or lewd words or actions from any team member
3. No public or private displays of affection among members of the team or with any local acquaintance. Group and individual hugs and a singular kiss-on-the-cheek are permitted.
4. Modesty shall be practiced and honored in dress and attitude. One piece or conservative 2 piece bathing suits for females, boxers for the guys. Local culture imposes some constraints so it is best to always lean toward conservative or ask in advance to avoid an embarrassing situation.

At its discretion, Star of Hope® may use the information below to plan the StarTeam trip. It will not use the information to determine your physical or emotional readiness to serve. You and your personal physician must determine your readiness and make arrangements for your health and physical requirements without relying on any action before, during, or after the StarTeam trip by Star of Hope® or other participants.

**PARTICIPANT INFORMATION**

***Personal Profile***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ BusinessPhone(\_\_\_\_) \_\_\_\_\_ Mobile Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

DOB \_\_\_\_\_

Emerg Contact Name: \_\_\_\_\_

Emerg Daytime Telephone: \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Emerg Contact Email address \_\_\_\_\_

Is participant covered by personal/family medical insurance? \_\_\_yes \_\_\_no

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

List any current known **allergies** \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Handicaps or health restrictions: \_\_\_\_\_

Are you currently under a physician’s care? If so, condition? \_\_\_\_\_

\_\_\_\_\_

Can You Swim? \_\_\_yes \_\_\_no \_\_\_\_\_

***Past World Missions Experience*** \_\_\_\_\_

\_\_\_\_\_

***Travel Documents***

I have a current passport \_\_\_\_\_ Passport Number \_\_\_\_\_

Place of Issue \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Citizenship \_\_\_USA \_\_\_Other

I will apply for a passport as soon as possible \_\_\_\_\_.

I have a Visa (if required) \_\_\_ I will apply for a VISA \_\_\_\_\_.

## APPLICATION and RELEASE

I, \_\_\_\_\_, apply to Star of Hope® to participate in a StarTeam trip to be conducted in \_\_\_\_\_, scheduled for the dates from \_\_\_\_\_ to \_\_\_\_\_, regarding which Star of Hope® has and will provide consulting services regarding selection, planning, and coordination. In consideration of the mission opportunities provided to me by Star of Hope®, which I agree are adequate consideration, I agree to what follows.

**Acknowledgment of Risks.** I understand and acknowledge that due to the nature of the trip, preparing for it, traveling to and from it, and actually participating in it, involves RISKS OF DAMAGE DO TO LOSS OF PROPERTY, HARM TO MY BODY, MENTAL FACULTIES, OR EMOTIONS, OR THOSE OF MY FAMILY, AND EVEN DEATH; and I ASSUME THOSE RISKS. Sources of damage, loss, harm or death may include, but are not limited to, (1) harmful acts or failures to act by employees, agents and volunteers of Star of Hope® and other trip participants, who have varying levels of knowledge, experience, and judgment; (2) a remote, primitive, unsanitary, dangerous and at times inaccessible site; and (3) dangerous construction work. I acknowledge that Star of Hope® is taking responsibility to assess or approve the fitness of the StarTeam participants. I understand and acknowledge that Star of Hope® will act according to recognized mission agency procedures in the unlikely event of a kidnapping or hostage situation: and will attempt to negotiate the release of a trip participant, but will not encourage the future abduction of missionaries by paying a ransom of any kind.

**Facts About Me.** I am \_\_\_\_\_ years old. I am in good health and sound mind, and able to understand this instrument. I have or will discuss my participation in the trip with my physician, have or will receive any vaccination he or she deems necessary, and will participate in the trip only if I have received his or her approval and believe that I am able to endure the strain that may be associated with such participation. I understand that my participation in the trip is contingent upon agreement by Star of Hope®, but that Star of Hope® is not taking the responsibility to assess and approve my fitness for participation in the trip or my signing of this Instrument.

**Covenant Not to Sue, Release, and Indemnity.** I promise the following: (a) I WILL NEVER SUE STAR OF HOPE® FOR DAMAGES, INCLUDING DAMAGES RESULTING FROM STAR OF HOPE NEGLIGENCE (BUT NOT ITS WILLFUL AND WANTON MISCONDUCT.) That means that I hereby agree and covenant not to institute a suit or action at law or at equity against Star of Hope®. I intend this Instrument to be defense to any such suit or action, and a complete bar to the commencement and prosecution of any such suit or action. (b) I RELEASE AND DISCHARGE STAR OF HOPE® FROM, AND WAIVE, ANY AND ALL LIABILITIES. (c) I WILL INDEMNIFY, HOLD HARMLESS, AND DEFEND STAR OF HOPE® FROM ANY AND ALL LIABILITIES, INCLUDING LIABILITIES ARISING FROM ITS NEGLIGENCE, (BUT NOT ITS WILLFUL AND WANTON MISCONDUCT), AND INCLUDING LIABILITIES ARISING FROM MY ACTIONS.

**Definitions.** When I use the following words, I mean the following: (a) "Damages" means any damage of every kind and nature, including damage or loss of property, financial loss, harm to body, mental faculties or emotions, or death, resulting from, in connection with, or in any way related to the trip, whether caused by Star of Hope's negligence (but not its willful and wanton misconduct), or any other cause. "DAMAGES" includes, but is not limited to, damage that occurs or is caused during the planning of, preparation for, travel to or from the site of, and actual conduct of, the trip. (b) "I" means myself, my spouse, and my insurers, heirs, estate, legal representative, executor, administrators, successors and assigns. (c) "LIABILITIES" means any liability of every kind and nature in connection with my participation in the trip, including any and all causes of action, actions, suits, claims, demands, rights, damages, judgments,

executions, court costs, attorney’s and other legal fees, and including such liabilities that arise from claims for contribution by others that I have sued or from whom I have received compensation for DAMAGES. (d) Star of Hope® means its directors, officers, employees, agents, volunteers, affiliates, associates, sponsoring churches and cooperation institutions, and the spouse, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of the foregoing.

**Governing Law and Disputes.** I agree that the laws of the State of Kansas only will govern every aspect of this Instrument, and my rights and responsibilities in connection with the trip. I intend this Instrument to be as broad and inclusive as permitted by the laws of the State of Kansas. I may sue only in state or federal court in Barton County, Kansas.

**Complete Reading and Understanding.** I HAVE COMPLETELY AND CAREFULLY READ THE FOREGOING, UNDERSTAND IT, AND UNDERSTAND ALSO THAT I AM WAIVING LEGAL RIGHTS THAT I MAY HAVE IN THE EVENT THAT I SUFFER DAMAGE, LOSS, HARM, OR DEATH. STAR OF HOPE® and I may amend this Instrument only in writing signed by all the undersigned.

\_\_\_\_\_  
Applicant Signature

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

**Applicant accepted for participation by Star of Hope® by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## PARENTAL CONSENT

Parental Consent form must be completed if participant is under the age of 18 at the time this Instrument is signed.

I, \_\_\_\_\_, a custodial parent or guardian of the child identified above give consent for that child to participate in the trip (as defined above), and agree to the following, in consideration of the mission opportunities and consulting services provided by Star of Hope®. I also give permission for Star of Hope® or a participant in the trip designated by one of them to take or authorize any action it, he, or she deems necessary or appropriate, including emergency anesthesia or surgery, in the event of a personal injury to my child.

I hereby acknowledge the risks to my child and myself identified above in the section captioned "Acknowledgment of Risks". I represent that my child is in good health. I have or will discuss my child's participation in the trip with his or her physician, have or will assure that my child has received any vaccination the physician deems necessary, and will allow my child to participate in the trip only if I have received the physician's approval and believe that my child is able to endure the strain that may be associated with such participation. I understand that my child's participation in the project is contingent upon agreement by Star of Hope®, but that Star of Hope® is not taking the responsibility to assess and approve my child's fitness for participation. My child and I apply for him or her to participate in the trip as my child's and my own free act. No employer or other person, and no circumstance, has placed my child or me under any economic, physical, or other force or duress to compel his or her participation in the trip, or my child's or my signing of this Instrument. I also make the promises identified in the section captioned "Covenant Not to Sue, Release, and Indemnification" above, and agree to the provisions in the section captioned "Governing Law and Disputes" above, on behalf of my child and ON BEHALF OF MYSELF.

I HAVE COMPLETELY READ THIS INSTRUMENT, UNDERSTAND IT, AND UNDERSTAND ALSO THAT I AM WAIVING LEGAL RIGHTS THAT MY CHILD OR I MAY HAVE IN THE EVENT THAT MY CHILD OR I SUFFER DAMAGE, LOSS, HARM OR DEATH. STAR OF HOPE® and I may amend this instrument only in writing signed by all of us.

\_\_\_\_\_  
Applicant Signature

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

**Applicant accepted for participation by Star of Hope® by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Star of Hope® – P.O. Box 427 – Ellinwood – KS – 620-564-3355 – 866-653-0321 – FAX 620-564-3355**

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