RELEASE & INDEMNIFICATION AGREEMENT
FOR TRAVEL IN AREAS OF ARMED CONFLICT

Participant Information

Name _____ Location: _____

Address _____ Travel Date(s): _____

Phone _____ Activity: _____

Email _____

1. I am the above named participant who is eighteen years of age or older, (or the Parent/Guardian of the above named participant who is under eighteen years of age), and I am fully competent to sign this Release and Indemnification Agreement for Travel in Areas of Armed Conflict ("Agreement"). I have voluntarily applied to participate in (or give my participant permission to engage in) the above Activity or Trip with and through **KontaktMission USA** ("Organization").

2. In consideration of my (or the permission I give my participant in) taking part in travel to and activities in countries, states, or areas of civil unrest, engaged in war, armed conflict, or criminal activity which may constitute a warzone ("Activity" or "Trip"). I hereby accept all risk to my (or my participant's) health and of my (or his/her) injury or death that may result from such participation and I hereby release the above-named Organization, its governing board, officers, employees, representatives, agents and assigns from any and all liability to me (or participant), my (or participant's) personal property and for any and all illness or injury to my (or participant's) person, including my (or his/her) death, that may result from or occur during my (or participant's) participation in the Activity or Trip, whether caused by negligence of the Organization, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, representatives, agents and assigns from liability for injury or death of any person(s) and damage to property that may result from my (or participant's) negligent or internal act or omission while participating in the described Activity or Trip with the Organization. I UNDERSTAND I AM ABLE TO PURCHASE MEDICAL, LIFE OR ACCIDENTAL DEATH INSURANCE at my own expense.

   I ___ HAVE/____DO NOT HAVE coverage under an existing health insurance policy.
   I ___ HAVE/____DO NOT HAVE coverage under an existing life insurance policy.
   I ___ HAVE/____DO NOT HAVE coverage under an existing AD&D policy.

3. I understand that the Organization in no way represents, or acts as an agent for any entity including any church or denominational group, the transportation carriers, or other suppliers of service connected with this activity. Additionally, I understand that should I have legal problems with foreign nationals or the government of the host country that I am solely responsible for resolving the matter and the Organization is not responsible for providing any assistance.

4. I acknowledge that I must comply with the Travel policy and protocols of the Organization, if any, (including those related to COVID-19), and understand that failure to do so can result in removal from the Activity or Trip.

5. Severability: If any part of this agreement is not valid, enforceable, binding, or legal, it will not cancel or void the remainder of the agreement. The remainder of the agreement will continue to be valid and enforceable, to the maximum extent of the laws and regulations set forth by local, state, and federal governments.

6. Governing law: This agreement shall be governed, construed, and interpreted by, through, and under the laws of the State of Tennessee.

7. Forum Selection: This Agreement shall be construed in accordance with the laws of the State of Tennessee, which shall be the forum for any claims or lawsuits filed under or incident to this Agreement or Activity.

8. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_____ _____

Participant Signature Date

_____ _____

Parent/Guardian Signature (if minor) Date