



INDIVIDUAL / FAMILY INTERNATIONAL MISSIONS TRIP AGREEMENT

TRIP DATE: _____

Agreement:

For purposes of this agreement, the undersigned shall include, but not be limited to, the applicant/participant and/or parent/guardian, and will hereafter be referred to as "Applicant."

The Applicant presents this agreement, which if accepted by South Texas Children's Home Ministries, together with any payments or performances required of Applicant hereunder, becomes a legal and binding contract, including the additional documents executed contemporaneously herewith, of which good, lawful, and sufficient consideration is hereby acknowledged as received from South Texas Children's Home Ministries. The Applicant forever binds ourselves, heirs, executors, attorneys in fact, or other representatives to the terms of this agreement. This agreement is performable in Bee County, Texas, in the event of any dispute of litigation which might arise under the terms of enforcement of any portion of the agreement of the aforementioned parties. Venue is stipulated to be in Bee County, Texas.

In any event that one or more of the provisions of this agreement, or any of the documents incorporated herein, should be determined to be legally insufficient, illegal, unlawful, barred, or otherwise unenforceable, then this agreement shall be read as if any offending provisions had been deleted in their entirety, and the remainder of the agreement shall remain fully enforced as stated. The Applicant represents that the undersigned has the authority and capacity to sign and enter into this agreement in the capacity as stated. This agreement shall be effective one year after its execution.

Medical Release for Adults (18 Years of Age or Older)

I, the undersigned, hereby grant permission to authorize any necessary medical treatment for myself during participation in a mission trip, program, or event.

If such treatment is recommended by a qualified physician or surgeon and administered by licensed medical personnel, I agree not to hold the trip leader, organization representatives, or any affiliated individuals or entities liable for any adverse effects or complications that may result from the treatment provided.

This authorization is valid only in the event of a medical emergency and applies solely when I am unable to give consent for my own medical care. Reasonable efforts will be made to contact my designated emergency contact prior to any treatment whenever possible.

Medical Release for Minors:

If the Participant is under 18 years of age, I, the undersigned, hereby grant permission to authorize any necessary medical treatment for the participant during the course of this trip, program, or activity.

Signature

Date

Disclosure of Risk and Assumption of Risk:

I understand that participation in ministry travel may involve inherent risks, including but not limited to accidents, injury, illness, crime, political unrest, inadequate sanitation, limited law-enforcement protection, and varying health standards—particularly in under-resourced regions. Discrimination against U.S. citizens, Christians, or individuals of certain ethnic backgrounds may also occur.

Having read and understood this disclosure, I voluntarily assume all risks associated with this mission trip, including the possibility of injury, illness, disability, or death. I acknowledge that this mission is a benevolent and faith-based endeavor, yet such risks may still arise despite all reasonable precautions taken.

Additional Agreements:

1. Applicant agrees that all in-country arrangements for transportation, meals, and accommodations shall be made by South Texas Children's Home Ministries (STCH Ministries) or its authorized representatives at their sole discretion.
2. Applicant acknowledges that STCH Ministries reserves the right to cancel or alter any part of the planned trip as necessary.
 - a. Refunds will only be issued if STCH Ministries has not yet made payment for the anticipated services.
 - b. STCH Ministries shall be released from all liability for claims related to such cancellation or changes.
3. Applicant affirms that they possess all necessary and valid travel documentation, including a current passport, visa (if applicable), and any other required documents, which will remain valid throughout the duration of the Program.
4. Applicant acknowledges that maintaining proper documentation is their sole responsibility and agrees that STCH Ministries is not responsible for any issues or expenses resulting from missing, invalid, or expired travel documents.
5. Applicant agrees to be financially responsible for any additional costs resulting from emergencies, illness, quarantine, weather, strikes, delays, changes in service, war, government action, or other unforeseen circumstances requiring deviation from the original itinerary. Applicant further agrees that all medical expenses including treatment, hospitalization, or emergency transportation are the sole responsibility of the Applicant and shall be paid directly to the provider at the time of service.
 - a. STCH Ministries cannot advance payment or assume responsibility for any medical or emergency care.
6. Applicant affirms they are in good health, possess all necessary medications for chronic or allergic conditions, and are able to self-administer such medications. In the event of a medical emergency where the Applicant is unable to provide consent, STCH Ministries or its representatives are authorized to make medical decisions on the Applicant's behalf and are hereby released from any and all liability, including that arising from alleged negligence.
7. Applicant grants permission for any photographs or videos taken during the mission trip to be used in STCH Ministries' publications, media, and promotional materials.
8. **Authority to Send Home:** In case of unexpected occurrences where the Applicant must be sent home for disciplinary problems, medical issues, or any other emergency, Applicant agrees to pay the cost of transportation and reasonable expenses. In the event of disciplinary issues, a reasonable effort will be made to resolve the problem with the Applicant in the field with the support of the advisory staff, before resorting to this remedy.

Warranties and Representations:

I (we) hereby warrant and guarantee that all representations made by us, whether orally or in this agreement, are true and correct and that I (we) have fully disclosed any and all conditions concerning any spiritual, mental, and physical health or condition, and represent that participant is in a good and stable emotional state, good spiritual, mental, and physical health. Participant is thereby able to manage under the hardship, stress, or risk associated with the proposed trip/adventure. I (we), have made all statements and representations in this agreement, as further inducement for South Texas Children's Home Ministries to accept me (us) for this mission trip. I (we) accept full responsibility for any harm or result to disclose any pertinent disability, hardship, predisposed condition, or other unrevealed issue which might have any adverse effect on participant during this mission trip.

Agreement to be Bound by all Provision:

Wherefore, in consideration of the promises, covenant, representations, payments, and performances made, required to be made now or in the future under the following Agreement, the undersigned parties agree to their terms recited in above Agreement; grant the various powers and authority as recited therein; guarantee the performances of duties as described; promise to guarantee payment in all circumstances described; make warranty or inducement thereof; acknowledge full disclosure as stated herein; assume indemnity as therein provided, assume all risk as therein provided and grant release of liability as so described, to which the parties hereto evidence their agreement and performance to be bound herein shown by their initials given at the end of the following agreement on the date shown.

General Release Of Liability Claims:

I (we) have executed the general release of liability of claims against South Texas Children’s Home Ministries and any employee, agent, officer, or volunteer of the above named organization from any and all claims as set out in said general release of liability which is specifically incorporated by reference herein. I (we) represent that I (we) have authority and capacity under law to execute and be bound by the terms of this agreement, and under the general release of liability, or that the person (persons) also signing this agreement, and general release of liability, is (are) the legal parent or guardian having authority to sign and bind the applicant to the terms of any of the foregoing documents referenced herein.

Family Acknowledgment and Agreement

We, the undersigned, have read and fully understand the Warranties and Representations, the Additional Agreements and Acknowledgments, and the Disclosure and Assumption of Risk sections contained within this document. We further acknowledge that we have read and agree to the Agreement to be Bound by All Provisions herein. We understand that this Agreement applies to all participating family members and my signature constitute individual and collective consent to the conditions stated herein.

Signature

Date

Signature

Date

INSURANCE AND MEDICAL

Provision of Insurance:

If traveling out of the United States with South Texas Children’s Home Ministries, it is the responsibility of the Applicant to verify with his/her own insurance provider that the benefits will cover out-of-country services.

Insurance Provider: _____

Primary Policy Holder: _____

Policy/Identification #: _____ Group #: _____