

INCREASED RISK ACKNOWLEDGMENT AND RELEASE FORM

InterAmerican Restoration Corporation/DBA Torch Missions/

DBA Clinica de Esperanza

Please initial each statement to confirm your acknowledgment of the following:

- _____ The U.S. State Department has issued a **Level 3 Travel Advisory** for Honduras, which can be found here:
<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Honduras.html>
- _____ You will be covered during your trip under Good Neighbor Insurance policy (hereinafter referred to as the "Policy"). It is a \$250 deductible policy that will cover certain accidents, injuries, hospitalizations and COVID-19 related illnesses or services. Outreach Group Travel is the custom plan recommended for groups, the link for more information is below.
<https://www.gninsurance.com/group-travel/img-outreach/>

RELEASE FORM

I, the undersigned, am aware of the increased hazards and risks to my person and property associated with serving in a mission capacity in Honduras during this time and that the U.S. State Department has issued a LEVEL 3 Travel Advisory stating, in part: Reconsider travel to Honduras due to crime. Some areas have increased risk.

I have read the attached Travel Advisory carefully and recognize that the U.S. government will have a limited ability to provide emergency services in Honduras. I agree to take the precautionary measures laid out by the U.S. State Department and to listen closely to the advice and direction of my in-country hosts.

I accept all the risks associated with the limitations to the Policy in full and acknowledge that it is solely the responsibility of your Torch Leader to decide on and obtain any applicable insurance coverage that would increase the current coverage purchased through Good Neighbor. The Policy that we will purchase for you includes \$500,000 for emergency medical evacuation and medical coverage with a \$250 deductible. I have read the policy above and understand the coverage now includes COVID-19 as any other illness.

I voluntarily assume all risk of injury, and/or illness and release, indemnify and hold harmless THE INTERAMERICAN RESTORATION CORP/DBA TORCH MISSIONS, DBA CLIINICA DE ESPERANZA ("IRC") and all its affiliated volunteers, directors, staff, and missionary personnel from any and all liability arising in any connection with my participation on this trip or my association with IRC.

I understand that IRC is relying on this release form to allow me to participate in this mission and I expressly waive any defense to the enforcement of the commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in these terms. I expressly agree that this release is intended to be as broad and inclusive as permitted by law. IRC retains the right to rescind this travel approval before the travel date.

I HAVE CAREFULLY READ THE FOREGOING, I UNDERSTAND IT, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE RIGHT TO CONSULT AN ATTORNEY PRIOR TO SIGNING.

Printed Name of Participant: _____

Signature of Participant: _____

Parent Name: (if participant is under age 18): _____

Parent Signature (if participant is under age 18): _____

Date: _____

IRC/TORCH MISSIONS Representative Name: _____

IRC/TORCH MISSIONS Representative Signature: _____

Date: _____