

**Mission Haiti Inc.  
CSSJ Trip Application  
March 13 - 20, 2017**



**Personal Information**

Name as it appears on your passport:

I like people to address me as (informal name):

Email Address:

Phone – Home or Office:

Cell Phone:

Passport Number:

Note: You must have a valid passport to enter Haiti and re-enter the United States. For more information on how to apply for or renew a passport, go to the US Dept of State, US Passports & International Travel web page.

Birthdate:

I am in the Congregation of: \_\_\_\_\_

I am a:

- ☐ Sister
- ☐ Associate
- ☐ Agrégées

**Travel**

Have you ever traveled to a third world country?

- ☐ Yes
- ☐ No

Have you traveled to Haiti before?

- ☐ Yes
- ☐ No

Why do you want to go on this trip?

Do you have concerns or fears about travel to Haiti?

## Medical Information

Doctor Name, Clinic Address, Phone Number:

Insurance Company and Policy Number:

Do you have an illness, allergy, disorder, an/or disability?

- ☐ Yes  
☐ No

If yes, please list and describe related medical needs.

Do you have any other physical or medical need or restrictions about which MHI trip leaders should know?

- ☐ Yes  
☐ No

If yes, please describe:

Will you be taking and/or using medication while on this trip?

- ☐ Yes  
☐ No

If yes, please list the medications and explain:

Do you have any dietary restrictions?

- ☐ Yes  
☐ No

If yes, please describe:

Do you get car sick?

- ☐ Yes  
☐ No

## Emergency Contacts

Please list two people that MHI can contact in case of emergency.

Contact # 1

Name

Phone

Email

Contact # 2

Name

Phone

Email

## Release from Liability and Covenant Not to Sue

This is a legally binding agreement. Please review carefully. If you have any questions, please contact an attorney.

Please refer to the U.S. Dept. of State, Passports & International Travel webpage on Haiti for information about the risks of travel and current travel warnings:

<https://travel.state.gov/content/passports/en/country/haiti.html>

I am informed about the risks of traveling to Haiti.

☐ I Agree

As a condition of traveling to Haiti with Mission Haiti Inc. and/or receive transportation provided by or through Mission Haiti Inc. and/or receive board, lodging or living quarters provided by or through Mission Haiti Inc. at any guest house or at other facilities in Haiti or elsewhere, I knowingly and voluntarily agree to release, hold harmless, defend, indemnify Mission Haiti Inc. of and from any and all manner of liability, claims, actions, causes of action, suits, damages, judgments, executions, claims for economic loss, property damage, personal injury (including injury to one's body, mind or emotions), or wrongful death, and any demands whatsoever, in law, admiralty, or in equity, including but not limited to, any matter, cause or thing that may arise out of, result from, or is related to traveling to, from or within Haiti, as well as in observing, undertaking, or participating in any activities in Haiti, any operations of the Mission Haiti Inc. (including, but not limited to, the condition, quality, and/or consequences of any board, lodging, or living quarters provided by Mission Haiti Inc. at the guest houses or at any other location in connection with the operations or activities of Mission Haiti Inc., even if caused by the negligence of Mission Haiti Inc. representatives).

☐ I Agree

I acknowledge that the carriers, hotels and others providing services in connection with this trip are independent contractors and are not agents, employees or representatives of Mission Haiti Inc., and I release Mission Haiti Inc. from any responsibility for the actions or negligence of these service providers.

☐ I Agree

I have read, understood, and executed this waiver, release, and covenant.

☐ I Agree

Signature

Date