

Statement of Understanding
Honduras Mission Team
Central American Relief Effort

Participant's Name _____

Address _____

Home Phone _____ Work Phone _____

Emergency Contact Person _____ Phone _____

I _____, do understand that I am voluntarily participating in a Mission Trip to Honduras. I further state that I understand that Honduras is a third world developing country. I fully understand that I may encounter difficult climate and living conditions: that risks are present concerning means of travel, food, water, disease, pests, and poor sanitation and other health-related conditions. I have been advised to consult with the United States State Department Travel Advisory for Honduras and to be guided by their counsel.

Further I understand I may be traveling from or stay in areas of the world where acts of war, terrorism, potential danger from violence, or natural calamity may occur.

Signature

Date

Print Name

Parent of Guardian of Minor