



Dear Traveler,

Children's HopeChest works diligently to provide a safe experience and environment for our staff, participants, and CarePoints. We know that God does not give us a spirit of fear, but of power and of love and of a sound mind (2 Tim 1:7). While we do not operate in fear, we are still accountable to assess risks in any situation, and to make decisions appropriately. We are working closely with our country staff, following local and national ordinances, and monitoring COVID-19 in our partnered countries.

Below is a list of things that each participant should personally acknowledge:

- Individuals listed in a high-risk category by the CDC are advised not to participate without a doctor's clearance. For more information, please see: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Minors are not advised to travel with Children's HopeChest at this time.
- Partner Visit participants will be traveling together and having close contact during the week. This includes but is not limited to:
 - Eating meals together
 - Close contact during transportation (planes, shuttles, vans, etc.)
 - Sharing rooms based on lodging availability
 - Appropriate culturally specific contact with local adults and children. While we will do our best to limit exposure, please remember you are guests in their country.
- Partner Visit participants will be required to abide by the rules and regulations put in place by our Country Staff for time spent with staff and the communities.
- Partner visit participants acknowledge that requirements could change at a moment's notice and they will be expected to adapt.
- In the event that a Partner Visit participant is refused at a port of entry (i.e., airport), any return expenses or lodging are the responsibility of the participant.
- Partner Visit participants and staff will be required to have daily temperature readings and wear a mask as directed.
 - A fever reading of 100.4 or above will require isolation and monitoring. A medical professional will be consulted for appropriate guidance.
 - The presence of other symptoms of COVID-19 may also result in isolation and monitoring.

- In the event of a COVID-19 contact/case incident, there is potential for a necessary quarantine.
 - A medical professional will be consulted for specific guidance.
 - Costs associated with a quarantine will be the responsibility of the Partner Visit participant.

By participating in a partner visit with Children’s HopeChest, and by signing the Waiver and Release of Liability provided below, you acknowledge that you are aware of the risks, and are assuming all responsibility and liability concerning your health and safety.

COVID-19 WAIVER AND RELEASE OF LIABILITY

I understand that participation in a ***PARTNER VISIT*** (the "Activity") with Children’s HopeChest is a privilege. I further understand that my participation in this Activity involves significant risks associated with traveling to and from a foreign country, which includes without limitation a risk of injury, illness and even death.

Further, in consideration for the opportunity to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge ***CHILDREN’S HOPECHEST***, located at ***300 GENERAL PALMER DR. PALMER LAKE, CO 80133***, its affiliates, managers, members, board members, officers, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (the “Released Parties”), for any costs associated with quarantine, lodging, and flight changes due to the COVID-19 virus; and for any exposure to, illness caused, or death related to the COVID-19 virus that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, FULL RESPONSIBILITY TO THE COSTS ASSOCIATED WITH QUARANTINE, LODGING, AND FLIGHT CHANGES DUE TO THE COVID-19 VIRUS; AND FOR ANY EXPOSURE TO, ILLNESS CAUSED BY, OR DEATH RELATED TO THE COVID-19 VIRUS. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN

OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless **the Released Parties** from and against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If **any Released Parties** incurs any of these types of expenses, I agree to reimburse **the Released Parties** for those expenses.

I further acknowledge that **the Released Parties** are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of **CHILDREN'S HOPECHEST**.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE RELEASED PARTIES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE RELEASED PARTIES FOR PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of **CHILDREN'S HOPECHEST**, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware, understand have been advised that I should carry my own health insurance.

SIGNATURE OF TRAVELER _____ DATE _____

SIGNATURE OF HOPECHEST US REPRESENTATIVE _____ DATE _____