



INDEMNITY AND EXEMPTION FORM - SHOFAR MISSIONS

I _____ (name & surname) with ID number: _____

hereby declare that I have voluntarily, freely and on my own accord decided/agreed/elected/chose to form part of the Shofar Mission trip (“the mission”), to _____ (country/place) from _____ (begin date) to _____ (end date). With full knowledge and understanding of the aforesaid declaration, I undertake to:

1. Obey all lawful and reasonable instructions given by the leadership of Shofar Christian Church (“Shofar”) prior to, during and after the mission;
2. Act in accordance with any Shofar policy and procedure as far it is applicable to the mission, prior to, during and after the mission;
3. Agree that I am solely liable and responsible for any consequences of whatsoever nature resulting from conduct or omission on my part taken in contravention to the instructions or policy or procedure referred to in clauses 1 or 2 of this agreement;
4. Not hold Shofar, its staff or any person volunteering as part of the mission liable or responsible for any injuries (including those injuries leading to death), any losses, any damages or death incurred by myself prior to, during and after the mission, arising from or relating to my taking part of the mission under this agreement;
5. Hereby indemnify Shofar and hold it harmless against all third party claims whatsoever in respect of any loss, damages, costs or expenses and against reasonable costs incurred by Shofar in defending such claims, arising from or relating to conduct or omission on my part as volunteer under this agreement;
6. Give Shofar, its staff and its volunteers authority to authorise emergency medical treatment to myself in the event of injury, and I agree that my guardian/s or I will be liable or responsible for the payment of such treatment;

SIGNATURE OF MISSION TEAM MEMBER: _____

DATE: _____

PLACE: _____

WITNESSES: 1. _____ 2. _____



Do you have any allergies, physical disabilities or permanent illnesses? if so, please specify:

24 HOUR EMERGENCY CONTACT

Name: _____ Relationship: _____

Residential address: _____

_____ Code _____

Tel: () _____(h)

() _____(w)

Cell: _____

Mission Team Member Medical Aid Name (also indicate if you do not have Medical Aid):

Mission Team Member Medical Aid Nr: _____

SIGNATURE OF PARENT OR GUARDIAN ON BEHALF OF A VOLUNTEER WHO IS A MINOR

(younger than 18 years of age).

PARENT/GUARDIAN: _____ **DATE:** _____

PLACE: _____

WITNESS: 1 _____ **2.** _____