**Health Caring Ministries**

**Hospital Socorro De Lo Alto**

**Honduras**

**Team Member Manual**

It is with enthusiasm and anticipation that this team manual has been prepared to help you experience a rewarding and fulfilling mission trip. Please read it carefully as it contains pertinent team and travel information.

Our prayer at Health Caring Services for each of you is that God will richly bless your life and that you leave Honduras believing it is truly “more blessed to give than receive.”

**Hospital: (History & Description)**

Hospital Socorro De Lo Alto (translated: Hospital Help from on High) is a twenty-six (26) bed hospital located in Sula, Macuelizo, Santa Barbara, Honduras.

With in-house physicians on staff, the emergency room is operational 24/7. The hospital has four (4) operating rooms, a pre-operative suite, a recovery room and central sterile supply area. In addition, the hospital has a laboratory, radiology, labor and delivery services and a pharmacy. An outpatient clinic houses general consultation rooms, dental and eye clinic services.

Health Caring Services (HCS) is an American 501(c)3 that provides administrative and logistical support for Hospital Socorro de lo Alto, in Sula, Honduras, facilitating the shipments of supplies donated in the United States, the preparation of the team trips, and transferring of monies donated in the USA.

There is no undergirding organization for the Hospital, therefore, a minimal payment is made by patients who can afford to pay, but no one is refused care due to financial reasons. Health Caring Services and the Hospital do not want to undermine the enthusiasm of Honduran people to care for themselves and their families.

**Lifestyle Statement**

Health Caring Services (HCS) a Christian organization as is Hospital Socorro De Lo Alto. Hondurans view alcohol consumption, cursing, smoking and drug use, as well as unmarried couples rooming together, as non-Christian behaviors. In light of our desired witness in the community, Health Caring Services asks you to refrain from alcohol, smoking, cursing and drug use on or off the hospital campus while working with the hospital, as well as other behaviors that might prove offensive to our hosts and compromising to the expressed Christian beliefs of the hospital. Please help us respect the Hondurans and protect the ministry of HCS and the Hospital.

**Patient Privacy and Social Media Statement**

Health information is considered amongst the most sensitive and personal information that individuals possess. Just as patients must be able to trust their doctors with their lives and well-being, they should also be able to feel more than reassured that their health records are safe with the clinician. Besides caring for our patients, we must respect their dignity and privacy and protect their confidential information.

**Violation of this policy is taken very seriously by the Health Caring Services Board and violations will be reviewed for appropriate discipline for the offending party.**

* This entire detailed policy is found at the end of this Team Member Manual and each team member will need to consent to the policy when they apply for the trip.

**Consent, Assumption of Risk, Release of Liability, Waiver and Indemnification**

* Team members must indicate their acceptance of the Consent, Assumption of Risk, Release of Liability, Waiver and Indemnification as stated on the application. Parental acceptance of the waiver is required for any team member under the age of 18 years.
* This form is found at the end of this Team Member Manual.

**Team Cancellation**

Team safety is our top priority. If for any reason HCS feels the team's safety could be in jeopardy when traveling in Honduras, HCS reserves the right to cancel the trip.  This would be done only after thoroughly investigating the situation with our overseas directors.   Every effort would be made to reschedule but there is no guarantee this would be possible.  HCS will not be responsible for any expenses lost due to the cancellation and advises team members to investigate the purchase of trip cancellation insurance. See information below under “Travel Information”.

**Travel Information**

**Passport:**

- A passport is required for travel into Honduras and the USA. No visa is required for travel from the USA to Honduras.

- **Passports must be valid for 6 months from date of departure FROM** **Honduras**. If your passport does not meet this requirement, you must renew your passport as you will not be allowed to depart from the USA.

- It is recommended that you carry a copy of your passport and 2 passport size pictures with you; keep these separate from your passport.

- You will need to have your passport available when you check-in at the US and Honduras airport and pass though immigration in Honduras, as well as when you re-enter the USA.

- Make sure that you have your passport in a secure place during your trip.

**Immunizations:**

- No immunizations are required to enter Honduras.

- Health Caring Services is recommending every team member have the vaccine for COVID-19.

- An updated Tetanus (within ten years) and malaria prophylaxis are recommended.

- Check with your doctor for immunization suggestions, i.e. Hepatitis A&B, etc.

**Government Requirements for Travel to Honduras**

- Each team member is responsible for knowing and abiding by the current travel requirements to and from Honduras for the time of their travel.

* <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or . <https://travelbans.org/north-america/honduras/>, <https://hn.usembassy.gov/covid-19-information/> or similar information site.
* If a team member does not meet the requirements for travel to Honduras or the USA, the team member is responsible for all expenses incurred, including but not limited to: team fees, travel expenses, medical expenses, all required testing, food, lodging, transportation, etc.

- All travelers entering or exiting Honduras must have a Pre-check form. This form can be acquired 2 ways:

* Fill out the form at the official Honduran site for free: <https://prechequeo.inm.gob.hn/Register> the form cannot be applied for more than 72 hours from the time of departure; travelers will receive a confirmation email which they should print and carry with them; team leaders can obtain detailed information on how to fill out this form that can be shared with their team members
* Apply for the form through [www.iVisa.com](http://www.iVisa.com) not more than 30 days before departure; iVisa will send you the Pre-check form you need for travel within 24-48 hours of departure; print and carry this form with you when traveling. There is a fee for this service. HCS recommends using iVisa for the obtaining of the Pre-check form.

Team leaders will also have pertinent information that is needed to prepare for travel.

**US “STEP” program- Smart Travelers Enrollment Program**

- HCS recommends that all team members enroll in the STEP program to receive security messages and make it easier to locate you in case of an emergency. <http://step.state.gov>

**Travel Insurance:**

Health Caring Services requires all team members to purchase Travel Insurance with coverage for emergency medical evacuation with a minimum of $500,000 per person.

- Each team member is responsible for purchasing a travel policy that covers their personal coverage needs, i.e. extended housing and food expenses, additional medical care in Honduras, personal needs, etc., in addition to the required $500,000 emergency evacuation coverage

- Each team member is responsible to know the policy’s requirement for the covering of pre-existing conditions.

- This policy will be submitted with the team member's airline travel itinerary, at least 4 weeks prior to departure to Honduras, sent to HCS Team administrator- [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)

- Insurance policy must be carried with team member while traveling.

- Suggestions:

  -  Travelex has a policy that covers the requisite evacuation insurance. To Enroll by phone:  Call Travelex at: 800.228.9792; for access to the Borton Overseas’ policy, reference the following when enrolling: Location number: 23-0384; enroll on-line and use the same location number.

    - If anyone is a current member of Rural Metro, there is coverage that can be purchased for evacuation from outside the USA. Each person would need know the terms of the policy.

- There are many companies that provide coverage for evacuation; the team member must make sure the coverage meets the required $500,000 emergency evacuation minimum. Airline policies usually do NOT offer enough evacuation coverage.

**Booking a Flight:**

- All team members are to arrive into Honduras on the same day, using flights that arrive mid-day to early afternoon, and depart the hospital on the same day,

- Consult with your team leader before making flight reservations to make sure you are booking in coordination with the rest of your team.

- If your travel plans are not coordinated with the team arrival and departure dates, you MUST have your proposed itinerary reviewed BEFORE purchasing your ticket.

- Due to safety considerations, no evening flights will be accommodated by hospital transport. A night arrival will necessitate team members spending the night in San Pedro Sula at the Hotel Copantl at their own expense. See :In case of travel issues” section below for more information.

- There will be a charge if the hospital needs to arrange a special pickup from San Pedro Sula or return transport to the airport. This extra charge is to cover transport and staff expenses and will be paid for at the Hospital.

The team member is to be responsible to make sure this charge is paid when they are at the hospital.

- ALL itineraries and travel insurance policies are due into HCS 4 weeks before departure and are sent via email to HCS administrator- [jillcw8812@yahoo.com](mailto:jillcw8812@yahoo.com)

- Confirm with your airline the baggage requirements and fees. The hospital is not responsible for baggage fees.

- HCS has a relationship with Adoption Airfare®. You may contact this travel agency personally or your team leader will tell you how your team will be making the team travel arrangements. Office: 800-277-7651 (Click '0' for Operator)

**Travel Hints:**

- Some teams travel all together; others come from various places and meet in San Pedro Sula. Your team leader will provide you with information as to the arrival of members on your team and how to proceed through immigration and customs.

If you have questions, contact your team leader.

**Immigration Form**

- On the plane you will receive an immigration form asking for your address while in Honduras. Hospital address: **Hospital** **Socorro De Lo Alto Sula, Macuelizo, Santa Barbara, Honduras.**

**Telephone: 011-504-2657-41-60 (outside Honduras)**

**Upon arrival at the San Pedro Sula airport:**

- Team members will be picked up at the airport in San Pedro Sula by the hospital transport. **All hospital drivers will have a sign and/or a Hospital badge for Hospital Socorro De Lo Alto.**

- Proceed to immigrations, then to baggage claim, exiting through customs to the hospital transport.

- Your team leader may send out information as to how to gather luggage, go through customs and proceed to the Hospital transport vehicles. Contact your leader with any questions.

- When passing through immigrations and customs, it is better to not offer unsolicited information, and this is not the best time to practice your Spanish.

- The airport staff may or may not want to see your luggage stickers and match them with your personal luggage.

- If your team is carrying medical supplies into Honduras, ARSA officials will check the forms and luggage. Team leaders are responsible to make sure all forms are available to those team members bringing in supplies.

**- N.B. DO NOT BRING IN ANY SUPPLIES THAT HAVE NOT BEEN APPROVED ON AN ARSA FORM. DOING SO MAY LEAD TO THE CONFICATION OF ALL SUPPLIES BEING TRANSPORTED.**

- Each team member is responsible to make sure their baggage is collected and gets put onto the hospital transport vehicle.

- After all the baggage is loaded onto the hospital vehicles, use the restrooms or purchase food as needed. Team members should return to the vehicles promptly so as to facilitate departure for the hospital.

- The drive from San Pedro Sula to Sula is approximately 1 ½ hours. There are no bathroom facilities along the way.

**Exchanging Money:**

- Do not exchange money at the airport.

- Most vendors and stores take US$ or credit cards. But if you want to have lempiras, the money may be exchanged in Sula at the bank. Your team leader will assist you in arranging the exchange of money if needed.

**In case of travel issues**

- The following detailed information is provided for team members in case there are issues related to travel and you will be delayed in your arrival in San Pedro Sula.

- Keep this information with you as you travel.

- N.B.- it may be very expensive to use your cell phone for phone calls within Honduras; make every attempt to make contact with the hospital and/ or hotel before you leave the USA

* To dial a Honduran phone # if you are IN Honduras try these sequences:
  + + (hold the “0” key until the “+” appears)- 504- the local phone #

or

* + 011-504-the local phone #

- If a team member(s) encounters travel complications and isn’t arriving when scheduled:

* + If possible, BEFORE leaving the USA, the team member should communicate with their team leader via phone, or, if necessary, text or e-mail; give your new arrival time and flight information; your team leader will stay in touch with the hospital and you, if possible
  + BEFORE leaving the USA, a phone call made to Erika- hospital administration- 011-504-9729-0720 and 011-504-9773-5934; Noemi Santos- hospital coordinator- 011-504-9572-6640- is also a contact; provide your new arrival time and flight information
  + Your team leader/ you and Erika, Noemi and the Hospital driver will formulate a plan for pick-up and with Hotel Copantl if your arrival is later than 5pm
  + **After arrival in Honduras BEFORE 5PM:**
    - 1. team member should proceed through immigration, collect baggage and go through customs and ARSA check; upon exiting customs, look for a man who would be holding a sign with the hospital and team member’s name
      2. AFTER arrival IN Honduras, contact Erika and/or Noemi- using the instructions and numbers listed above; use an airline employee for assistance, if necessary
      3. if no one is there from the hospital for the pick-up, the team member should not wander about the airport; go to Wendy’s Restaurant and wait there; Hospital personnel will always have an ID badge or Hospital sign
  + **Should the arrival be AFTER 5PM, staying at the Hotel Copantl will be necessary with transport to the Hospital the following day:**
    1. **BEFORE leaving the USA, email or call at the hospital using the contact information listed above, providing the new arrival time and airline**
    2. BEFORE leaving the USA, if possible, **make a reservation at the Hotel Copantl; if you cannot make this call before leaving the USA, upon arrival in Honduras, call from the airport using airline employee help, if necessary; the hotel has English speaking employees**
  + Telephone from IN the USA: 011-504-2556-8900, 011-504-2556-7890, 011-504-2561-8900
  + Telephone from IN Honduras: use the calling instructions above with these local phone #s: 2556-8900, 2556-7890, 2561-8900
    - * Talk to the reception and tell the hotel you are with the Hospital in Sula- Hospital Socorro De Lo Alto
      * **give the hotel your arrival time and airline and flight number; ask to be picked up at the airport**
  + Hotel Y Club Copantl

Boulevard del Sur

Residencial Los Acros 1 calle, 50432

San Pedro Sula, Honduras

* + - **the Hotel will send a shuttle or a taxi to the airport and have a sign with your name**
    - **once at the Copantl, have the hotel contact Erika (#s above) at the hospital to let her know of your arrival there and find out transportation arrangements**
    - **enjoy a night and a delicious breakfast in a lovely hotel!**

**Lodging & Meals:**

- Lodging is provided on the hospital campus in the Team House. All team members will lodge in the team house during their scheduled work days.

- Meals are served at the Team House and are prepared by the Team House staff:

Breakfast: 6:00 AM

Lunch: 12:00 Noon

Dinner: 6:00 PM

If there are team members who will not be able to eat at the designated times, ask the team house kitchen staff to prepare the required number of plates; they will be left in the team house kitchen and may be warmed in the microwave.

- Kitchen staff hours are 5:00AM – 8:00 PM.

- Special Dietary Needs:

Team House Kitchen staff are not trained dietitians. Much of Honduran food is based around starches. The concept of sugar free and gluten free is unknown to them. Therefore, if you have a special dietary need or allergies, you need to bring transportable food items to meet those needs.

**General Information:**

- Various team members may give daily devotionals at breakfast. It is a good way to start the day.

- Towels, wash cloths, bed linens, blankets and toilet tissue are provided in the team house for team members.

- A computer is provided in the Team House but is in high demand. You may wish to bring your own. Wi-Fi is also available in the team house and hospital.

- Coffee orders for bringing coffee home are arranged by your team leader. Contact your team leader for information about ordering coffee.

- Do not drink tap water. Drinks are available in the team house for team members. **We encourage you to bring a water bottle to save on bottle waste.**

- Do not flush TP down toilets. There are waste bins provided by every toilet.

- When leaving to come home, keys to dorm rooms will be left in a designated basket in the team house.

**Clothing:**

- Scrub suits are the attire for work. Bring your own scrubs. Scrubs are not worn off the hospital campus.

- Shorts and pants are allowed and worn on days off. Please be discreet, very modest and respectful in your dress.

- The team house is equipped with a washer and dryer. Laundry soap is provided.

**Money & Valuables:**

- Most vendors in Honduras will take dollars. If you desire to exchange money, speak with your team leader to make arrangements.

- Banks and vendors will refuse to accept any dollars with marks, smudges or tears. Inspect your bills carefully before departure. Cashier checks are NOT accepted in Honduras.

- Lockers are provided in the operating suite. Team members may bring personal items to the hospital for security while working. The lockers are small and will accommodate small to medium locks only. Team members bring their own locks.

- It is advisable to leave all of your jewelry at home except for an inexpensive watch. Do not wear earrings while shopping in the city, they are an easy target, and earlobes are vulnerable.

**Safety Issues:**

**Team members are never to leave the hospital compound without an escort that has been arranged with the hospital staff; contact your team leader**

The same measures we use in the United States to stay safe are also used in Honduras.

When you are off the hospital campus:

1. Be aware of your surroundings

2. Do not patronize bars, clubs and places where trouble can start

3. Never carry a lot of money in your pocket or wear jewelry- even costume jewelry can be a target

4. Never walk alone in a town or city

5. Do not give your personal address, e-mail, telephone number to anyone which includes hospital staff, patients/ families and translators.

6. Hondurans are not invited into the Team House, this includes the interpreters and hospital staff.

**Expenses**:

- People participating with mission teams pay their expenses.

- Airfare is variable.

- Travel insurance with includes emergency evacuation insurance with a coverage of $500,000/ per person (see information above)

- Malpractice insurance- optional, your team leader will have information; for MDs, only if desired

- COVID test- if required for travel; ~ $25/ test, paid in cash at the Hospital

- The team fee paid covers transportation to and from the airport, food, lodging, and team expenses, i.e. translators.

Team fees are as listed below:

1 week: $375.00 per person

10 days: $525 per person

2 weeks: $700 per person

2.5 weeks: $850 per person

Extra day charge: $45.00 per day

If a refund of the team fee is requested, it must be approved by the Health Caring Services administration and the initial credit card fee will be deducted from the refund. Team fee refunds are not guaranteed. Donating a team fee should be considered instead of a refund.

Instead of a refund, a team fee made be donated to Health Caring Services to support the Hospital.

Expenses not included in above fee list:

- Tours/tour guides/meals off hospital campus/souvenirs/shopping/meals

- Traveling to and from Honduras; hotel and airport transfer fees to/ from hotel; extra charges incurred for extra trips to and from the airport and hospital due to arrivals/ departures not coordinated with the rest of their team members

- Airline fees for checked baggage

- Donations to and expenses for medical missions are tax deductible. You will receive a tax donation letter from HCS for your team trip fees paid to HCS. For your personal tax preparation, keep your receipts for your travel and other expenses. Consultation with your tax authority may be beneficial.

- Team members can have others donate toward their trip expenses by using the “Donate” tab on the Health Caring Services web site: www.healthcaringservices.org; donations are tax deductible

**Recreational Trips:**

- All recreation plans/trips are planned by your team leader and are coordinated with the team’s work schedule at the hospital.

**Packing/Personal Needs:**

- Packing of items to bring should be evaluated according to airline regulations.

- Keep all personal prescription medications in pharmacy labeled bottles and over the counter medications in original containers.

- Supplies for medical use are very limited, therefore we request that you bring the following items for your use: personal mask(s) to wear outside of the Hospital, pocket hand sanitizer, gloves to use as you feel necessary, individual hand wipes

- The following items are suggested to bring in addition to your personal items: rain coat/ insect repellent/anti-diarrhea meds/ Kleenex/hand wipes/antibacterial hand cleaner/bar of soap/shower shoes/packing tape/special snacks or foods/hair dryer/ flashlight/alarm clock/ear plugs/blood pressure cuff and stethoscope (medical staff)/pens/routine medications, soap and shampoo.

- Items like clothing, household items, school supplies, toys and play items for children, are needed to help people and may be tucked into your luggage. Puzzles, coloring items and stuffed toys are good for young pre-op and clinic patients and visitors. Take all donations out of their original packaging and remove all tags, etc., to avoid paying import fees.

**Contact Information in Honduras**

Hospital Socorro De Lo Alto

Sula, Macuelizo,

Santa Barbara, Honduras

Kilometro 72

Calle hacir occidente del pais

Telephone: 011-501-2-657-41-60

e-mail: [hsocorrohond@yahoo.com](mailto:hsocorrohond@yahoo.com)

Hospital Administration: Erika Alvarenga- hospital administration- 011-504-9729-0720 and 011-504-9773-5934; Noemi Santos- hospital coordinator- 011-504-9572-6640

**For I was hungry, and you gave Me something to eat;**

**I was thirsty, and you gave Me something to drink;**

**I was a stranger, and you invited Me in, naked, and you clothed Me;**

**I was sick, and you visited Me; I was in prison, and you came to Me;**

**Then the righteous will answer Him,**

**“Lord, when did we see You hungry, and feed You,**

**or thirsty, and give You something to drink?**

**And when did we see You a stranger, and invite You in,**

**or naked, and clothe You?**

**When did we see You sick, or in prison, and come to You?**

**The King will answer and say to them,**

**“Truly I say to you, to the extent that you did it to**

**one of these brothers of Mine,**

**even the least of them,**

**you did it to Me.”**

**Matthew 25:35-40**

**Patient Privacy and Social Media Statement**

Health information is considered amongst the most sensitive and personal information that individuals possess. Just as patients must be able to trust their doctors with their lives and well-being, they should also be able to feel more than reassured that their health records are safe with the clinician. Besides caring for our patients, we must respect their dignity and privacy and protect their confidential information.

**Protected Health Information:**

* Protected health information is the term given to health data created, received and stored.

**Individually Identifiable Health Information:**

* Names (Full or last name and initial)
* Dates (other than year) directly related to an individual
* Phone Numbers
* FAX numbers
* Email addresses
* ID Numbers
* Biometric identifier (includes finger print)
* Full face photographic images and any comparable images
* Any other unique identifying characteristic (such as tattoos)

**Clinical Photography/ video:**

* **NO CLINICAL PHOTOGRAPHY/ VIDEO MAY BE POSTED ON SOCIAL MEDIA.**
* All departments of patient care are considered clinical photography/video areas.
* Clinical photography/video may be used in medical education.
* No patient’s identifiable health information may be on the photograph or video.

**Non -Clinical Photography/video:**

* Non-clinical photography/video subjects refer to friends and family of patients accompanying the patient to the hospital.
* Non-clinical photography/video requires verbal consent from the subjects as a courtesy to individuals being photographed.
* Posting of non-clinical photos/videos to social media is acceptable if the person posting took the photos/video.

**Public Photography/video:**

* Public photography/video refers to any photos taken in any place where people have no reasonable expectation of privacy.
* Public photography/video may be uploaded to social media**.**

***Consent, Assumption of Risk, Release of Liability, Waiver, and Indemnification***

I understand that all mission trips abroad carry with them significant risks. Although Health Caring Services, Inc., a Kentucky nonprofit corporation (“HCS”), has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my, and my minor child(ren), if applicable, being allowed to participate in the upcoming mission trip to Hospital Socorro de lo Alto (the “Hospital”) to provide health care services to local Hondurans, coordinated by HCS and the Hospital (the “Mission Trip”), I agree, on behalf of myself and my minor child(ren) who accompanies(y) me on the Mission Trip (individually and collectively, “I,” “me,” and “my”), to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my participation in the Mission Trip is voluntary. My participation in the Mission Trip is as a servant-learner and I will adopt that attitude when interacting with my fellow team members, the people I meet during the Mission Trip and the Hospital. I will abstain from making derogatory or offensive remarks or arguments regarding people, politics, sports, religion, race or traditions. I agree to support the mission of HCS, the Hospital, and the cause of Christ on the Mission Trip. I agree to respect and follow the advice of HCS concerning attire, drinking, smoking, drugs and cultural traditions that will help me to honor the mission and integrate into the local community.

2. Identification of Risks. I understand that there are certain dangers, hazards, and risks inherent in participation in the Mission Trip, including, but not limited to, those associated with travel to and from the Hospital; inadequacies of lodging; patient care inside and outside of the Hospital; unstable political situations; different and under-developed facilities; uncertain medical, transportation, and communication infrastructure; possible acts of terrorism; and health hazards due to contaminated food and water, diseases, pests, or poor sanitation. I understand that my participation in the Mission Trip may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability or death, **and further may include the risk of exposure to novel coronavirus (collectively, with any mutation or variation, “COVID-19”)**. There may be other risks of participation in the Mission Trip, some of which may not be known or reasonably foreseeable at this time. I further understand that some of the premises, facilities, and equipment used in connection with the Mission Trip may not be owned, maintained, or controlled by HCS or the Hospital. I understand that this Consent, Assumption of Risk, Release of Liability, Waiver, and Indemnification is intended to address all of the risks of any kind associated with my participation in any aspect of the Mission Trip, including, particularly, such risks created by actions, inactions, fault, or negligence on the part of HCS, the Hospital and their respective directors, officers, employees, agents, volunteers, successors, or assigns (collectively, the “Releasees”), including, but not limited to, risks created by the following: (a) **the risk of exposure to COVID-19**; (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various Mission Trip activities may occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Mission Trip; (f) the failure of Releasees to foresee or protect me from actions, inactions, fault, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by Releasees.

**3.** **Assumption of Risk**. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Mission Trip, **including (but not limited to) risks associated with exposure to COVID-19**. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Mission Trip, **including (but not limited to) risks associated with exposure to COVID-19**.

**4. Release of Liability and Waiver. I release and hold harmless Releasees from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys’ fees, to the fullest extent permitted by law, in any way connected with my participation in the Mission Trip, even if caused in whole or in part by the negligent acts or omissions of Releasees, including (but not limited to) risks associated with exposure to COVID-19 (a “Claim”). This release and waiver does not apply to gross negligence or intentional misconduct of Releasees.**

**5. Indemnification. I agree to indemnify and to hold harmless Releasees from any Claim or expense, including reasonable attorneys’ fees for the legal counsel of Releasee’s choice, in any way connected with a Claim. This includes, but is not limited to, the cost of defending any Claim I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.**

6. Policies and Exposure Notice. I agree to abide by all policies, rules, regulations, guidelines, and instructions of HCS, the Hospital, and the Honduran government including policies and safety measures intended to mitigate exposure to COVID-19, and to notify HCS or Mission Trip personnel immediately at any time prior to my departure or during the Mission Trip if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19.

7. Consent to Medical Treatment. I authorize HCS and the Hospital to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Mission Trip. This consent does not impose a duty upon HCS or the Hospital, to provide such assistance, transportation, or services. I will assume the responsibility of all medical bills incurred as a result of such assistance, transportation or services. Additionally, should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I will assume full responsibility for payment of all transportation costs.

8. Severability. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

9. Applicable Law. In order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Kentucky without regard to its choice of law principles.

10. Modifications. This instrument may not be changed orally, and no modification, amendment or waiver of any provision contained in this instrument, or any future representation, promise or condition in connection with the subject matter of this instrument shall be binding upon any party hereto unless made in writing and signed by both parties.

11. Binding Effect. In the event of my death or incapacity, this instrument shall be effective and binding upon my heirs, estate, next of kin, executors, administrators, assigns and representatives and shall inure to the benefit of Releasees.

**I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER, AND INDEMNIFICATION. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT. I AM AGREEING TO THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER, AND INDEMNIFICATION VOLUNTARILY.**