



## Release of Team Members Not Traveling at All Times with Their Team

WHEREAS, the undersigned \_\_\_\_\_ (your name) being a member of the \_\_\_\_\_ (team captain) Mission team traveling to \_\_\_\_\_ (country), on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and returning to the United States on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, desires not to depart/return to the United States with the said team or desires to participate in an activity or excursion not sponsored or sanctioned by Baptist Medical & Dental Mission International, and

WHEREAS, the undersigned has been informed that he/she assumes all risks and responsibilities associated with deviating from the group travel and Mission-sponsored activities as a member of said team in said country, and he/she willfully accepts all risks and responsibilities as stated above, Baptist Medical & Dental Mission International, Inc., its officers, directors, administrators, employees, members, team captain, team coordinators will no longer be considered his/her sponsor/coordinator and he/she will be responsible for his/her own transportation, medical care, provisions, and other associated needs.

NOW, THEREFORE, in consideration of the participation by the undersigned in said mission projects and benefits flowing from Baptist Medical & Dental Mission International, Inc., as a sponsor and coordinator, and other good valuable considerations, the undersigned hereby incorporates all the covenants, provisions, terms, conditions, acknowledgments and provisions of the Release attached hereto and further acknowledges that he/she is bound by same at all times while with said mission team, or at such time as he/she leaves said mission team at the mission project site, mission home, or any other location the mission team may be located; the undersigned further acknowledges that at such time as he/she leaves said country before/after his/her mission leaves/arrives in the United States or deviates from the group travel and Mission-sponsored activities, that Baptist Medical & Dental Mission International, Inc., its officers, directors, administrators, employees, members, team captain, team coordinators, will no longer be considered his/her sponsor/coordinator and he/she will be responsible for his/her own transportation, care, provisions, and any other needs he/she may require.

WITNESS MY SIGNATURE this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Printed Name of Team Member