

Short Term Mission (STM) General Release Form

Instructions: You must print and sign at least one copy of this form and mail it to Multiply.

Multiply – Applications
#300 32040 Downes Road
Abbotsford, BC
V4X 1X5
Phone: 604.859.6267 Fax: 604.859.6422

If you are applying in a Team, please give a copy to your team leader.

The itinerary of a Multiply STM participant/team typically includes travel in countries where transportation systems, housing accommodations, health care, public safety and other facilities are significantly different than, and often at levels far below, those customarily enjoyed by most North Americans.

As a result, Multiply program participants may experience increased risk of serious bodily injury, death and property loss during the assignment tour. Applicants cannot participate unless they fully accept these risks and choose to sign the following declaration.

Multiply will not knowingly expose participants to physical conditions that are dangerous or beyond those experienced by Multiply workers and partners. Multiply places a high value on the safety of participants. As a participant in a team facilitated by Multiply, I recognize the risks described above, and I agree that:

1. I assume full responsibility for all risk of injury, death, property damage or loss while engaged in Multiply programs.
2. I and my successors will not sue or bring other legal action against Multiply, its officers, board members, staff volunteers or affiliates for any personal injury, death, property damage or loss experienced as a result of participation in the program.
3. This release is intended to be as broad and inclusive as permitted by the law of the applicable governmental jurisdiction; if a court should hold any portion of this release invalid, the balance of this release shall continue to be in full effect.
4. I will full indemnify and hold harmless Multiply, from any claims whatsoever that relate to me in connection with the program, including attorney fees, costs and expense that Multiply may incur in connection with any injury, death or loss I may suffer.
5. In the unlikely event of death during the program, I understand that Multiply; will not pay for the repatriation of the body.
6. I will purchase and maintain medical insurance coverage (or an appropriate substitute supported by a community plan) during the program. I understand that adequate coverage includes a provision for my travel outside of North America.
7. I give authority to the program team leader or adult sponsor to consent to any and all x-ray examination, anesthetic, dental, or surgical diagnosis or treatment or hospital care to be rendered in the exercise of his/her best judgement under the laws of the country(ies), state(s) or province(s) where the participant is located for the program.
8. I will promptly reimburse Multiply for any sums advanced me by Multiply to obtain medical services or other care during the program.
9. I recognize that circumstances could result in re-routing a program team or an early ending of the program team's assignment.
10. I understand that should a STM program be cancelled or shortened, or a participant withdraw from the program for any reason, donated funds cannot be returned to the donor or participant under any circumstances. This is in accordance with Canada Revenue Agency guidelines and rules.
11. This agreement will bind me as well as my estate, heirs and successors.
12. I have carefully read this agreement, fully understand its contents and voluntarily sign it, intending to be legally bound.
13. I understand that all personal information, I give to Multiply will be used for program contact and alumni /donor mailings only. Multiply will not sell or provide my personal information to any outside group.
14. I release the use of my image in photo, video and/or quotes to Multiply for use in its communication and published material.

Participant's Name (please print)

Parents' Signature or
Personal Signature (if 18 years and older)

Date:

Signed at (city, state/province)