

**PROPAPA MISSIONS AMERICA  
BRIGADE VOLUNTEER MANUAL  
Release & Waiver of Liability**

The undersigned is an adult eighteen years of age or older or a minor with parent's permission who desire to volunteer his or her services to assist the people of Honduras under the direction of ProPapa Missions America with in-country support by ProPapa Honduras. The undersigned understands and acknowledges their may be risks of bodily injury or illness (including death) inherent in travel to and within Honduras, and to the provision of, or assistance in PPMA's projects of health, education, housing, etc. for the poor. The undersigned voluntarily assumes all risks in connection with her or his activities undertaken during this Brigade Trip.

As a consideration for the right and privilege of being permitted to participate in the activities of PPMA, the sufficiency of which is hereby acknowledged, the undersigned does hereby release: PROPAPA MISSIONS AMERICA, PROPAPA HONDURAS, AND ANY OTHER ORGANIZATION, FOUNDATION, SCHOOL, CHURCH, OR NGO, in addition to all of their directors, officers, agents, volunteers and employees from any and all liability of any kind whatsoever and hold such individuals and organizations blameless for any injury or illness (including death) whether physical or emotional, or property damage or loss of any nature resulting from, arising out of or in any way connected to the work, services, or activities performed or engaged in and for ProPapa Missions America, ProPapa Honduras, or other participating NGO during this Brigade Trip. In holding said organizations and individuals blameless they are indemnified against all claims, liabilities, loss, damage or costs in any way connected to the undersigned's participation in or preparations for said Brigade Trip.

The undersigned acknowledges and affirms that he or she has carefully read this release, reviewed the Physical Requirements and has asked for and obtained a satisfactory explanation to any questions she or he had and has signed the release voluntarily.

I have read and agree to the terms of this Release and Waiver of Liability:

**NAME OF VOLUNTEER:** \_\_\_\_\_  
(Please Print)

**SIGNATURE OF VOLUNTEER:** \_\_\_\_\_

IF UNDER 18 YEARS OF AGE-SIGNATURE OF BOTH PARENTS REQUIRED

\_\_\_\_\_

**PPMA LEADER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Team Leader or Brigade Captain)

PPMA Form-3 Release and Waiver of Responsibility, approved December 2003, Revised March 2006. Suggestions to [scribe@propapa.org](mailto:scribe@propapa.org) .