

**CATALYST
Christian Mission Mobilization
General Mission Project Release**

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By signing below, in presence of a notary public, I state that I have been informed of the following information from Catalyst Mission.

Please initial all that apply:

____ General mission trip training, health warnings, notification that travel insurance and medical evacuation insurance is in place, work site descriptions, and field and lodging conditions.

____ Information regarding travel and potential health concerns:

- Centers for Disease Control
 - <http://cdc.gov/>
 - <http://wwwn.cdc.gov/travel/default.aspx> and then select your country of destination
- Department of State
 - http://travel.state.gov/travel/travel_1744.html then select your country of destination for international trips

____ Catalyst Missions' trip cancelation policy; specifically that of cancelling or cutting short international trips should any "no travel warning" from the US Department of State be issued. Similarly, Catalyst Mission reserves the right to cancel any domestic trip in the event of a similar risk or concern.

____ General information about the Christian task and expectations of team members on mission projects.

PARTICIPANT

Mission Trip Location _____

Dates of Trip _____

Trip Participant Signature _____

Date Signed _____

NOTARY

Sworn to and subscribed before me this _____ day of _____, _____ year

Notary Public

My commission expires: _____