

**FAITH IN PRACTICE
VOLUNTEER MISSIONARY
PERSONAL TRAVEL
RELEASE**

I, passport name:

_____, member of
the Faith In Practice medical team for the week of _____, 200_,
hereby inform the Team Leader; _____
my plans to travel on a non Faith In Practice sponsored trip which is not
work related.
to: _____.

Passport Number _____
Date of departure of side trip travel: _____
Date of return of side trip travel: _____

This trip request complies with the consent of the Team Leader and is not in
conflict with workdays for the team, consent is indicated by Team Leaders
signature below.

I fully understand I am responsible for my personal safety for this trip. I
accept full responsibility for my personal safety and accept all liability for
my actions. Acceptance of all liability for the above trip releases Faith In
Practice from liability for your safety for this non-sponsored Faith In
Practice trip and all liability for your personal travel. Your signature below
indicates your acceptance to these conditions for your travel.

Team Leader: _____ Date _____

Travelers: _____ Date _____

Instructions to Team Leader:

Fax to: Faith In Practice (No Transmittal Sheet Needed) office in Houston,
Texas to: 713-484-5556 upon execution. One form per person, keep the
original with the Team Administrator, return originals with the financial
package upon return to the United States.

3/5/02