

Participant Release and Waiver of Liability for those people volunteering with Project Schoolhouse



Participant / Visitor Information

Your Full Legal Name: _____ Date of Birth: ___ / ___ / _____

Address: _____

E-Mail Address: Telephone: _____

The Dates of My Trip Are: **From:** ___ / ___ / _____ **to** ___ / ___ / _____

Do you have any allergies, illnesses, physical conditions, limitations, or special health related issues?

Please Explain:

Are you a vegetarian?

___ yes

Please be sure to use the space to the left to outline any specific dietary limitations you may have. We will do our best to accommodate your needs.

Are you currently taking any prescription or non-prescription medications?: ___ Yes ___ No

Please list all medications you are currently taking: _____

Please list all medications you will be carrying with you to Nicaragua: _____

Emergency Contact Information

(In the event of an emergency, we will contact the following person)

Name of Emergency Contact Person: _____ (Not traveling with you)

Telephone Number 1: _____ Telephone Number 2: _____

Relation to Participant: _____

Basic Disclaimer

Participation in this Project Schoolhouse Adventure Service Trip can be extremely physically and emotionally challenging. There are inherent and objective risks involved. By participating in this endeavor, you have agreed to assume these challenges and risks of your own accord and will hold no person or organization liable for any physical or emotional harm that may befall you as a result of your participation. **See reverse for full release and waiver.**

Participation

Project Schoolhouse will assess the provided information in order to determine if the participant is physically and emotionally capable of participating in this volunteer experience. If we have questions or concerns about the abilities of a potential participant we will work with you and your group leadership in order to make our final decision.

Project Schoolhouse reserves the final decision as to whether any individual may or participate or not.

Participant Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20__ by _____ (the "Participant") in favor of Project Schoolhouse, its directors, officers, employees, agents, volunteers, advisors, successors and assigns (collectively, "Project Schoolhouse").

I, the Participant, desire to volunteer for Project Schoolhouse and engage in the activities related to being a volunteer. I, the Participant, hereby freely and voluntarily, without duress, execute this Release for myself, my spouse, children, heirs and personal representatives under the following terms:

- 1. Waiver and Release.** I, the Participant, release and forever discharge and hold harmless Project Schoolhouse from any and all liability, claims, and demands, either in law or in equity, that I, the Participant, may have against Project Schoolhouse with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation, whether such liability, claims or demands result from negligence or from some other cause. I also understand that Project Schoolhouse does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
- 2. Insurance.** I, the Participant, understand that Project Schoolhouse does not carry or maintain, and expressly disclaim responsibility for providing, any health, medical, or disability insurance coverage for the Participant. I expressly waive any such claim for compensation or liability on the part of Project Schoolhouse in the event of such injury or medical expense. Each participant is expected and required to obtain his or her own medical and travel insurance coverage, including emergency medical repatriation should the need arise. Proof of travel insurance is required prior to departure.
- 3. Medical Treatment.** I, the Participant, hereby release and forever discharge Project Schoolhouse from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with my activities with Project Schoolhouse.
- 4. Assumption of Risk.** I, the Participant, acknowledge that time spent traveling and volunteering with Project Schoolhouse, and my participation in this Project Schoolhouse volunteer trip, involves risk and may include activities that may be hazardous to me. I, the Participant, also recognize and understand that my time with Project Schoolhouse may, in some situations, involve inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm in these activities and release Project Schoolhouse from all liability for injury, illness death or property damage resulting from the activities during my time working/volunteering with Project Schoolhouse, including, but not limited to any accident, acts of God or terrorism or negligent act.
- 5. Other.** I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and that this release shall be governed and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release, which shall continue to be enforceable.

By affixing my signature (and the signature of an authorized legal guardian, as applicable) to this document I attest that I fully understand and agree to the terms and conditions of this Release.

Participant's Signature: _____ Date: _____

Please Print your Full Name: _____

Legal Guardian's Signature: _____ Date: _____

Please Print Your Full Name: _____

Please note, if the participant is a minor, his or her signature, as well as that of the guardian is required.