

WELLS OF HOPE LIABILITY WAIVER

Warning: by signing this legal document, you give up certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

Name _____

PREAMBLE

The opportunity to visit the Wells of Hope volunteer program in Guatemala is an exceptional opportunity to understand the culture and conditions in a developing country, but it is not without certain risks, dangers and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss delay or inconvenience and cancellation or curtailment. All participants are required to accept these and other risks as a condition of their participation. Wells of Hope / Warehouse of Hope or persons associated with them will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in Wells of Hope volunteer program. The statement of risk set out below is intended to enable the participants to better understand the various risks involved in this volunteer program.

STATEMENT OF RISKS

The volunteer program involves the risks inherent in international travel. The volunteer program will take place in Guatemala. There are risks, hazards and dangers to which all travellers in Guatemala are exposed. These include but are not limited to, a sometimes-poor transportation system, diseases and different political systems. The medical facilities are of a lower standard than what might be expected in Canada. Guatemala is a relatively poor country and there is potential for crime and political unrest. I understand that I may suffer from physical injury, sickness or death, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand the Wells of Hope/ Warehouse of Hope may not be able to ensure my complete safety at all times from such risks and dangers.

ASSUMPTION OF RESPONSIBILITY

I understand that Wells of Hope does not carry accident or injury insurance for my personal benefit. I understand that it is my responsibility to abide by the laws of the countries in which I will travel and that I have adequate medical, personal health, dental and accident coverage, as well as protection of my personal possessions.

WAIVER

I acknowledge that I have been advised by Wells of Hope of risk and dangers. My signature below is given freely in order to indicate my understanding and acceptance of these realities and in consideration for being permitted to participate in the above mentioned volunteer program. I release and hold harmless Wells of Hope, their volunteers, employees and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in the volunteer program, including but not limited to acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and all expense which I may incur while participating in the volunteer program.

This waiver is effective for the period of time that I will be participating in the volunteer program. I understand that this agreement cannot be modified or interpreted except in writing by Wells of Hope / Warehouse of Hope and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER.

signed this _____ day of _____ 20__

Participant signature _____ Print _____

Witness signature _____

Address _____

City _____ Postal Code _____

PARENT CONSENT
(IF PARTICIPANT IS UNDER THE AGE OF 19)

I minor's parent and/or legal guardian, have read and understand the above terms and conditions. Further I understand the nature of the risks posed by the volunteer program and the minor's experience and capabilities and believe the minor to be qualified to participate in the volunteer program. I hereby release, discharge and covenant not to sue the Wells of Hope, their directors, officers, agents and volunteers for all liability claims, demands, losses or damages that have been addressed by the above terms and conditions.

Name of Parent/Guardian _____

Address: _____

Phone _____

Dated _____

Signature _____ Print _____