



FAMILY HUMANITARIAN experience (FHe)

RELEASE AND WAIVER

I, _____ ("Volunteer") intend to participate in the humanitarian expedition planned by Family Humanitarian experience ("FHe") to _____ (name of country) and scheduled to occur on _____ ("Expedition").

By signing this Release, I hereby acknowledge that I am 18 years or older or will be accompanied by a parent.

By signing this Release, I also hereby unconditionally, knowingly and voluntarily agree, on behalf of myself and my heirs, executors, and insurers, to the following terms, conditions and policies:

- I waive, release and hold harmless FHe, its executive committee, steering committee, employees, directors, agents, expedition leaders, and all others from all claims, causes of action, damages, costs, fees, personal injuries, death and other expenses which may arise directly or indirectly from my participation in the Expedition, unless caused by gross negligence of FHe. This release includes, without limitation, all rights or claims arising under any applicable state or federal statute, foreign law, international law or any common law cause of action, including any claims for attorneys' fees or other costs.
I understand that I am fully responsible for my health before, during and after the Expedition. I understand that I am responsible for consulting with my personal physician prior to the Expedition to ensure that I am healthy and physically capable of participating in the Expedition. I understand that I should also consult with my physician and/or International Travel Office regarding required immunizations.
I understand that accidents, injuries, illnesses or other occurrence may occur in the course of travel to and from and participation in the Expedition. I understand that FHe is not responsible for payment of any costs, fees or expenses that may arise as a result of an accident, injury, illness or other occurrence in the course of travel to and from and participation in the Expedition. I understand that FHe cannot guarantee adequate treatment, supplies or transportation will be available. If treatment or other care or services are provided, FHe and those providing treatment and care do so as "Good Samaritans" and with the expectation that they have no legal or other liability as a result of providing such gratuitous services.
I understand that I am fully responsible for obtaining adequate health, life, disability, and casualty insurance coverage, including evacuation insurance, covering my travel to and from and participation in the Expedition. I am also fully responsible for securing any other necessary financial arrangements to provide for any and all costs, fees, damages or other expenses which may arise as a result of my participation in the Expedition. I understand that FHe is not responsible for any costs, expenses, fees, or damage to personal property incurred in the course of travelling to or from or participating in the Expedition, including but not limited to loss of baggage, delays, or unexpected cancellations.
I understand that safety is always a concern when traveling and staying in third world countries. I have read and understand the applicable travel warnings and Consular Information Sheet published by the U.S. Department of State and available at http://travel.state.gov. I hereby assume any and all risks associated with travel to and through foreign countries, including but not limited to accidents, delays, cancellations, acts of terrorism, violence and crimes resulting in damage to or loss of property, severe bodily harm or even death.
I understand that if I elect to travel before or after the Expedition, I hereby assume any and all risks associated with that travel, including but not limited to accidents, delays, cancellations, acts of terrorism, violence and crimes resulting in damage to or loss of property, severe bodily harm or even death.
I understand that FHe must receive this Release before I will be permitted to participate in the Expedition.
I acknowledge that I have had an opportunity to consult with legal advisors.

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT (IF VOLUNTEER IS UNDER 18)

DATE