



HEALTHY NEIGHBORS INTERNATIONAL

P.O. Box 1552, Doylestown PA 18901

Assumption of Risk, Waiver and Release of Liability, and Indemnity Agreement

ATTENTION: This form affects your legal rights; please read carefully.

In consideration of being allowed to volunteer with Healthy Neighbors International (HNI) on an International Medical Mission trip (The Activity) I, _____, agree that:

for myself, my family, my heirs, personal representatives and assigns, release, waive, and discharge HNI and any and all of its volunteers, employees, board members, agents, contractors, partners, donors, and associates from any and all claims arising in any way from my participation with HNI as a volunteer. I, for myself, my family, my heirs, personal representatives and assigns, further covenant not to file any legal action against HNI and any and all of its volunteers, employees, board members, agents, contractors, partners, donors, and associates for any damages or potential damages arising in any way from my participation with HNI as a volunteer

ASSUMPTION OF RISK: Participation in The Activity carries with it certain significant, inherent risks that I know cannot be eliminated regardless of the care taken to avoid bodily injury or harm or loss of property

The risks associated with The Activity include, but are not limited to: loss of property, serious bodily injury, death, kidnapping, being held for ransom money, mental or emotional trauma, and contraction of possibly fatal pathologies.

The risks include, without limitation, living and working in dangerous circumstances, with limited access to medical care and proper sanitation, working with or around dangerous equipment, which may break, fail, malfunction, or otherwise cause injuries.

The risks include, without limitation, riding in or on HNI provided vehicles (motorbikes, truck, car, modified school bus) or using transportation arranged by HNI.

The Activity takes place in a seismically and politically unstable location where my safety cannot be guaranteed. There is no reliable police force, and the UN cannot be relied upon to serve as such.

I am mentally sound and physically capable of volunteering with HNI.

I have made health and evacuation insurance arrangements and I recognize that HNI is not responsible for the costs of my health care or evacuation or any related expenses.

HNI medical trips are run by volunteers who may not have professional experience or professional grade assessment abilities. It is my responsibility to be continually assessing possible risks as well as my own ability to perform the tasks offered to me. It is my responsibility to expressly communicate any and all limitations and concerns I hold, as well as risks I am aware of. I have been briefed on the risks, with the understanding that every eventuality cannot be foreseen and warned against.

SEVERABILITY: I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I**, my family, my heirs, personal representatives and assigns **are giving up substantial rights, including our right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, that I intend to bind my family, my heirs, personal representatives and assigns, and **intend by my signature to affect a complete and unconditional release of all liability** to the greatest extent allowed by law.

Name (print): _____

Signature: _____ Date: _____

IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ACKNOWLEDGEMENT ON YOUR BEHALF:

Name of Participant (print): _____

Name of Parent/Legal Guardian (print): _____

Signature of Parent/Legal Guardian: _____

Date: _____