

HOPE UNITED

HOPE UNITED/ESPOIR POUR LES SANS ESPOIR ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE

I request permission to participate as a volunteer in the Hope United/Espoir pour les Sans Espoir program and the activities related thereto (the "activities"). I have read the HU/ESE Guidelines. I acknowledge and agree to the following (*initial each one*):

1. _____ I understand that there are risks associated with the activities and travel to, from, and while in Haiti, including possible serious adverse health effects, injury, or death, and the risk of being a victim of criminal and/or political violence. Knowing these risks, I freely and voluntarily agree to assume all of the risks associated with my participation in the activities.
2. _____ I agree to notify the team leadership if I learn of anything that would alter the risks to other team members or me at any time. I understand that I may experience conditions that I am not used to and will notify the team leader if there are concerns regarding my health and fitness. I understand that it is my responsibility to visit my physician to discuss my health status, ability to participate in the activities and to obtain the appropriate vaccines and preventative medications as recommended by the Center for Disease Control (CDC). I agree to abide by any request made by HU/ESE to cease being a part of the mission due to concerns about my health and well-being or impact on team members.
3. _____ I understand that HU/ESE is not financially responsible for any of expenses associated with the activities; I accept that if for any reason I cannot participate in the activities, HU/ESE will not refund any moneys I previously paid in connection therewith. I also understand additional costs incurred due to things beyond HU/ESE's control will be charged to me.
4. _____ I agree to act in a responsible way while in Haiti and to follow the directions of the team and HU/ESE leadership to minimize risks to myself and other members of the team.
5. _____ I agree not to undertake tasks or projects outside of my field of expertise. I agree not to provide medications, medical advice, or medical care outside of my scope of practice or perform any experimental treatments or procedures on the Haitian people.
6. _____ I understand that I must be respectful and protect the inherent dignity and privacy of the Haitian people under all circumstances.
7. _____ I acknowledge that HU/ESE are evangelical Christian organizations and strive to reflect God's grace in the world. I agree to be culturally sensitive and act in a manner that reflects the norms expected by the Christian community regardless of my personal beliefs.

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8. _____ I agree (on my behalf, and on behalf of my successors, representatives, executors, heirs, and assigns) to release, discharge, and covenant not to sue HOFH and related and affiliated companies, and the officers, directors, employees, agents, representatives, successors, and assigns of each of the foregoing entities (collectively, its "affiliates") from any liability, causes of action, claims or damages for personal injury, property damage and wrongful death, whether foreseeable or not, arising from or attributable to my participation in the activities, whether or not such liability arises from action or inaction of HOFH and its affiliates in connection with the activities or the locations in which they take place. This Acknowledgement of Risk Waiver and Release (this "Release") applies to any and all causes of actions, claims or demands that I may have against HU/ESE or its affiliates as a consequence of any type of damage (whether personal or property), loss, death, or injury regardless of whether the cause of action, claim, or demand is in negligence, tort, contract, or other legal basis (other than intentional conduct). I further agree to indemnify, hold harmless, and defend HU/ESE and its affiliates from any and all liability, causes of action, claims, or damages of any third party in connection with my participation in the activities.

9. _____ I understand that the laws of the State of North Carolina shall govern this Release and any legal action relating to or arising out of, this Release shall be commenced exclusively in North Carolina.

10. _____ I agree to allow HU/ESE to release personal information about me to the U.S. State Department or other agencies if HU/ESE believes that such release would be in my best interests.

_____ I affirm that I am over 21 years old and competent to enter into this Release. I certify that I am physically fit to travel to and from Haiti and participate in all activities. I understand the potential for risk and agree to abide by HU/ESE's guidelines and the team leader's direction. I understand that failure to honor the guidelines may result in termination of the mission and my eviction from HU/ESE facilities.

_____ I affirm that I am over 16 years old and have my parent's permission to enter into this Release. I certify that I am physically fit to travel to and from Haiti and participate in all activities. My parents and I understand the potential for risk; I agree to abide by HOFH's guidelines and the team leader's direction. I understand that failure to honor the guidelines may result in termination of the mission and my eviction from HU/ESE facilities.

Signed _____ Date _____

Signature _____ Date _____
of Parent/Guardian of minor

Team Leaders: Please submit all of these signed Team Release Forms (one for each team member) to Shelly Dobosy, the HU Trip Coordinator prior to your trip. Please scan and email them to trips.hopeunited@gmail.com.