MEDICAL & LIABILITY RELEASE AGREEMENT

Acknowledgement of Volunteer Status

I am participating in a trip to Iganga, Uganda to volunteer at Musana Community Development Organization. I go knowingly and voluntarily, with no expectation or promise of any form of compensation or remuneration, either directly or indirectly from Musana Community Development Organization. My motivation for going is solely the personal satisfaction I may enjoy from helping those at the Musana Community Development Organization. I am visiting solely as a volunteer.

I am volunteering for this trip. I understand that I am not entitled to receive any wages or other benefits for my time. I am not covered by any workers' compensation program while volunteering; and, if injured on this trip, I will not be entitled to workers' compensation medical, death or indemnity benefits under Colorado's compensation law.

Because I am volunteering for this trip, I understand that I am not covered by any medical insurance, life insurance, or indemnity benefits and if injured in the course of the trip, I and my heirs and representatives, will not be entitled to medical insurance, life insurance, other insurance and indemnity benefits. I certify that I have sufficient health insurance to cover any bodily injury and/or bodily damage I may incur while in the course of the trip. If I have no insurance, I certify that I will personally pay for any and all such medical expenses and liabilities.

Release, Waiver of Liability and Indemnification

I, on behalf of myself, my heirs and other representatives, knowingly and intentionally release Musana Community Development Organization and its officers, directors, agents and employees, from any claim of liability, including, without limitation, liability for GENERAL NEGLIGENCE, with respect to any injury, illness, damage or death that may occur to me while en-route to, or participating in, the volunteer program at Musana Community Development Organization in Uganda.

I, on behalf of myself, my heirs and other representatives, agree to indemnify and hold harmless Musana Community Development Organization, its officers, directors, agents and employees, with respect to any claim asserted by me or on my behalf as a result of injury, illness, damage or death that may occur while en route to, or participating in, the volunteer program at the Musana Community Development Organization in Uganda.

This agreement shall be construed in accordance with the laws of the State of Colorado. Should any provision of this agreement be declared invalid or unenforceable, the other provisions of this agreement will remain in full force and effect. Any provision of this agreement held invalid or unenforceable only in part or degree will remain in full force and effect to the extent not held invalid or unenforceable.

I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT.

Participant's Signature: _____ Date:_____

(If under 18, parent or legal guardian must sign)
Parent/Legal Guardian Signature: _____ Date:_____

MEDICAL & EMERGENCY CONTACT INFORMATION

Participant's Full Legal Name: _____ DOB: _____ /_____ / _____

Primary Physician _____ Phone (___) - _____ - _____
Medical Insurance Provider _____ Phone (___) - _____ - _____
Policy Number _____
Group Number _____
(Please attach photocopy of Insurance Card)

Participant's Blood Type (if known) _____

Medications (include both prescription and over the counter medications used)
_____
_____

Please explain any health concerns that may make traveling or participating in this trip difficult (if applicable)
_____
_____
_____

Other Medical Information (such as asthma, seizures, physical limitations, etc.)
_____
_____
_____

Allergies (include any medicines, foods, insects and pollens)
_____
_____

Person(s) to contact in the event of an emergency:
1) Name_____ Relationship _____
Address _____
Phone C (_____) - _____ - _____ Phone H (_____) - _____ - _____
2) Name_____ Relationship _____
Address _____
Phone C (_____) - _____ - _____ Phone H (_____) - _____ - _____

In case of an accident or emergency in which I may be unable to direct my own medical care, I authorize the Trip Team Lead and Musana Staff to seek appropriate medical/surgical care for me until those identified as emergency contact persons can be notified. I hereby state that the above information is true and I give permission for the advisors to release information to health care providers and facilities who are included in my treatment.

Participant's Signature: _____ Date:_____

(If under 18, parent or legal guardian must sign)
Parent/Legal Guardian Signature: _____ Date:_____