



VOLUNTEER WAIVER AND RELEASE OF LIABILITY FORM

I, the undersigned, desire to participate in a mission trip to Honduras operated and conducted by Friends of Los Niños. I acknowledge that my participation in any work or activity during this mission trip is entirely voluntary. I freely and voluntarily execute this Waiver and Release of Liability under the conditions set out below:

1. **Participation.** I acknowledge and understand that Friends of Los Niños is conducting this mission trip for human service and relief activities. I acknowledge that the activities involved in this mission trip have been explained to me and I acknowledge that I am physically capable of participating in these activities. I agree to conduct myself in a safe and prudent manner during this mission trip and to follow all directions and instructions I am given during the course of this mission trip. I hereby expressly assume all the risks and responsibilities for any action I take that is not an authorized activity of the mission trip or that violates the directions or instructions I am given. In addition, I agree to hold Friends of Los Niños harmless from any loss, liability, damage or cost which either or both may incur as a direct or indirect result of any unauthorized actions I engage in on this mission trip.
2. **Hazards and Risks.** I acknowledge and understand there are inherent risks and dangers associated with any type of international travel. I agree that I will use the U.S. State Department's website (<http://www.travel.state.gov>) and the Centers for Disease Control Information website (<http://www.cdc.gov/travel/>) to stay informed of any special risks that may exist in Honduras at the time of my mission trip.
3. **Assumption of Risk.** I further understand that any travel, volunteer work, or other activities I undertake during the course of this mission trip involves inherent danger and risk to my health, life and property from conditions which are beyond the control of Friends of Los Niños including, but not limited to, exposure to disease organisms, environmental hazards, crimes, accidents, negligence, war and terrorism. I hereby expressly assume all the risks, both known and unknown, arising from these conditions.
4. **Release and Waiver.** In consideration for being permitted to participate in this mission trip, I hereby release and forever discharge Friends of Los Niños and their directors, agents, assigns, affiliates, volunteers and employees ("Released Parties")

from any and all claims, liabilities, injuries, losses, damages or costs of any kind or of any nature that arise from, are caused by or are in any way related to my activities on this mission trip. I freely and voluntarily acknowledge and agree that this Waiver and Release of Liability discharges the Released Parties from any liability or claim that I may have, or come to have, against any or all of the Released Parties with respect to bodily injury, personal injury or property damage that may result from or relate to my activities on this mission trip. I also understand that the Released Parties will not assume any responsibility for, or pay for, or provide for any medical treatment or care, whether short term or long term, I may require as a result of injuries sustained, or illnesses contracted, during or as a result of my activities on this mission trip.

5. **Medical Treatment.** In an emergency, I give permission to a licensed physician to hospitalize me, anesthetize me, or perform surgery on me as needed. I understand that every reasonable effort will be made to contact my emergency contact before such actions are taken. I hereby release and forever discharge the Released Parties from any claim which arises or may arise on account of first aid, treatment or any service rendered to me in connection with my activities on this mission trip.
6. **Insurance.** I understand that Friends of Los Niños does not carry or provide health, medical or disability insurance coverage for volunteers. I understand that each volunteer must obtain his or her own medical, health and disability insurance.
7. **Photographic Release.** I hereby knowingly and willingly consent to the unrestricted free use in any form of any photographs, interviews, films, videotapes or other visual or auditory recordings, in any medium, including the internet, of me that the Released Parties or others may create in connection with my participation in this mission trip. I waive any right I may have or come to have to inspect or approve the finished project. I also acknowledge and agree that I am not entitled to any compensation for creation or use of the finished project.
8. **Severability.** If any provision of this Waiver and Release of Liability is held to be invalid, illegal or unenforceable in any respect then such provision shall be declared null and void and the remainder of the provisions of the Waiver and Release of Liability shall remain in full force and respect.
9. **Governing Law.** This Waiver and Release of Liability shall be construed in accordance with the laws of the State of Texas. In addition, the rights and obligations of the Parties under the terms of this Waiver and Release of Liability shall be determined in accordance with the laws of the State of Texas.

I AM OF LEGAL AGE TO ACCEPT THESE RESPONSIBILITIES AND I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY. I AGREE TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED IN THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO BE FULLY AND COMPLETELY BOUND BY ITS TERMS.

Signature

Printed Name

Date

I AM NOT OF LEGAL AGE, BUT I HAVE OBTAINED THE CONSENT OF MY PARENT(S) OR LEGAL GUARDIAN(S) WHO BY HIS OR HER OR THEIR SIGNATURE BELOW ACKNOWLEDGE THAT HE, SHE OR THEY HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY EACH OF THE TERMS AND CONDITIONS OF THIS WAIVER AND RELEASE OF LIABILITY AND TO BE LEGALLY RESPONSIBLE FOR THE OBLIGATIONS DESCRIBED IN THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO BE FULLY AND COMPLETELY BOUND BY ITS TERMS.

Signature (Participant)

Printed Name

Date

Signature (Parent or Guardian)

Printed Name

Date

Signature (Parent or Guardian)

Printed Name

Date