

Disclosure of Risk: Agreement of Waiver

1. I understand that any travel, volunteer work, or other activities I undertake in connection with Honduras Compassion Partners, partnering agencies, organizations, or individuals involves inherent risk on my property, health, and life and I further understand the nature of such risks.
2. I have been and am informed by this document that any travel, volunteer work, or other activities I undertake in connection with Honduras Compassion Partners, partnering agencies, organizations, or individuals presents inherent risk, including, but not limited to, loss of property, disease, illness, injury, exposure, physical and mental harm, and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence, and political conflict including civil war, war and terrorism.
3. No principle, officer, agent, employee, or other person associated with or acting on behalf of Honduras Compassion Partners, partnering agencies, organizations, or individuals has disavowed or contradicted anything in this document, including statements, regarding the existence and nature of the risks involved.
4. The undersigned recognizes and acknowledges that Honduras Compassion Partners are charitable, non-profit corporations engaged in human services and relief activities. The undersigned, for himself/herself and his/her heirs, does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of a third party or on the part of Honduras Compassion Partners or any of its officers, agents, servants, employees or anything in any way arising from or connected with either directly or indirectly, any volunteer activities of the undersigned Volunteer of. The undersigned realizes that activities, which he/she intends to pursue, may entail some amount of risk or possible danger and desires to personally assume such risks.
5. This agreement is intended to be broad and inclusive as permitted by the laws of the State of Maryland. This agreement is to be governed by the laws of the State of Maryland. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.
6. I enter into this agreement freely and voluntarily in consideration of the permission to participate in the Activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me.

I have read this document and understood and agreed to all of its contents before signing it. I have also had every opportunity necessary to ask questions concerning the risks and hazards I am assuming in each of the countries I will visit or work in. I also have had adequate time to review, analyze and think of this document's contents, before signing the document.

I certify the above information is correct and I HAVE READ THE DISCLOSURE OF RISK: AGREEMENT OF WAIVER, RELEASE AND HOLD HARMLESS. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed. I understand that every reasonable effort will be made to contact my family before these actions are taken.

Full Name: _____

(Printed)

Signature: _____ Date: _____