

**200 Orphanages Worldwide, Inc.**  
**Vision Trip to Tanzania**  
**October 16-24 or October 16-31, 2009**  
**Waiver of Liability, Assumption of Risk and Indemnity Agreement**

**Information and Preparation:**

1. Complete the application.
2. Send \$250 non refundable Application Fee to:  
200 Orphanages Worldwide, PO Box 55, Sartell, MN 56377
3. Please make sure your passport is accurate and up to date.
4. Make sure your shots and immunizations are up to date (talk to your doctor)
5. Make sure to plan for your medications
6. Please send proof of health insurance
7. Please send emergency contact information
8. Airlines are very particular about International travel. We will work with a reputable and experienced travel agency that is used to doing volunteer trips.
9. Contact your accountant to make sure your trip qualifies for tax deduction if that's important to you.

1. Trip Planning, Schedule Rhythm, Being Flexible: While we plan for an orderly daily schedule, we want to let you know that the unanticipated does happen and we have to adapt. Sometimes our schedule changes because of the rhythms of the people and cultures who host us. Sometimes we encounter traffic or unanticipated delays occur. So, we ask flexibility on the part of all Vision trip participants. Initial here to indicate that you can be flexible: \_\_\_\_\_

2. Travel involves some risks. At 200 Orphanages Worldwide, we'll be doing our best to make sure our trip meets our objectives. Still, the unexpected can occur, including delays, local transportation breakdowns, etc. In urban areas, common street theft is a fact of life and we will take necessary precautions. Other unexpected mishaps may occur. We count on the experience of our local hosts for 200 Orphanages Worldwide and others to provide our support system there. We will go over these more in depth at our orientation session. Initial here to indicate that you're aware of the common risks of travel which also apply to our Vision Trip: \_\_\_\_\_

3. Simple Accommodations: We plan for simple, but comfortable accommodations and attempt to keep costs down. The accommodations are intended to enhance the value of the experience. Initial here to indicate that you understand the accommodations will be simple, yet comfortable: \_\_\_\_\_

4. Physical stamina requirements: The Vision Trip may be physically taxing. Each participant must be able to carry their own luggage and possess sufficient stamina to weather the tiring effects that normal travel and a daily schedule of walking, picking up children, entering and exiting passenger vans, etc. Also physical labor may be involved. Initial here that you are able to meet these demands\_\_\_\_\_. If you have questions or concerns about this, please let me know and we can discuss it.

5. Medications: We ask that you bring with you a sufficient supply of any medications that you need to last for the duration of the trip, as we can't assure that you can purchase them in our

country of destination. Initial here to indicate that you will be obtaining and packing a supply of your regular medications\_\_\_\_\_.

6. Allergies, asthma and other physical concerns. The Vision Trip experience will take us to places that are dusty, and to an environment with adults and children who may be ill. Please take whatever precautions necessary to protect yourself especially if you suffer from airborne allergies or asthma. Also, indicate here any other physical conditions you think we should know about and perhaps plan around:

Airborne allergies, asthma: Yes:\_\_\_\_\_ No:\_\_\_\_\_

Other physical conditions: \_\_\_\_\_

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7. Other questions/comments: Please indicate any topic you'd like to discuss regarding your personal and physical comfort, needs and safety:\_\_\_\_\_

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### **RISK STATEMENT**

**Traveling abroad has inherent risks that are not usually associated with travel inside North America. These risks can include hazards both to your person and your property through accident, infectious diseases, criminal and terrorist acts, political or civil unrest, wild animal attacks, weather, or inadequate medical services or supplies. In addition, overseas travelers may come under emotional or physical stress associated with homesickness, culture shock, and the mental and physical demands of traveling and working on a trip of this nature.**

### **RELEASE OF LIABILITY**

#### **Volunteer Traveler Assumption of Risk, Indemnification and Release Agreement**

Assumption of Risk and Indemnity Agreement

Name \_\_\_\_\_

Country Traveling to: \_\_\_\_\_

Dates: \_\_\_\_\_

Description of Travel Activity: \_\_\_\_\_

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I, on behalf of myself, my personal representatives, heirs, assigns and agents, DO HEREBY AGREE TO AND ACKNOWLEDGE THE FOLLOWING:

1. I RELEASE, DISCHARGE AND COVENANT NOT TO SUE 200 ORPHANAGES WORLDWIDE, INC., or any of its officers, directors, agents, employees or representatives associated with the trip (together, the “release”), for any and all claims and liability arising out of the strict liability or ordinary negligence of the releasee which causes the undersigned injury, death or property damage, and further agree to hold releasee harmless, and to indemnify releasee from any claim, judgment or expense that releasee may incur by participation in the described travel activity.

2. I UNDERSTAND that participation in the described travel trip may involve danger and risk of injury. I have read the “Risk Statement” above. I assert that my participation in this trip is voluntary and that I knowingly assume all such risks.

3. I AGREE to abide by all rules, regulations and guidelines set forth by 200 Orphanages Worldwide, Inc. in connection with this trip, and to abide by all decisions made by all of its leaders and agents, and those in authority.

4. I AGREE to indemnify and hold the releasee harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in this trip, and to reimburse them for any such expenses incurred.

5. I AGREE that the foregoing waiver, assumption of risk, and indemnification is intended to be as broad and inclusive as is permitted by applicable law, including the laws of the State of Minnesota. If any portion of this document is held invalid, I agree that the rest of the document shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISKS INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS, AND INTEND BY MY SIGNATURE TO DELIVER A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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Signature

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Printed Name

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Date signed

Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_