

Hackett Hemwall Foundation
2532 Balden Street
Madison, Wisconsin 53713

Agreement and Release of Liability

1. I, _____ (print your name) have applied for and intend to participate in a trip to Honduras sponsored by the Hackett Hemwall Foundation.
2. I desire to travel to Honduras under the auspices of the Hackett Hemwall Foundation for the purpose of working with the organization and local citizens to improve the health of the people of Honduras. I understand and agree that the Hackett Hemwall Foundation is not acting as my agent in any regard, except as explained below; that the Hackett Hemwall Foundation will make every effort to assist me in providing this service, but is not liable for any delays in travel or safety while in the Honduras. I am responsible for securing my own identification and health documentation. I will work to the best of my ability on the project designated by the Hackett Hemwall Foundation.
3. I understand and am aware that my participation on this trip may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of the Hackett Hemwall Foundation and/or their respective agents, officers, or directors, and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance. I understand that I am responsible to obtain my own insurance to cover medical care outside of the United States (or my home country). This coverage should include medical evacuation provisions.
4. I am aware that my participation on this trip and my use of transportation, housing and dining services, and other goods and services in connection with my participation on this trip carries a risk of personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of the injury, illness, death and property damage or loss that may result from my participation on the trip and/or my use of goods and services in connection with my participation on the trip.
5. In consideration for being permitted to participate on the trip, I hereby **RELEASE AND DISCHARGE THE HACKETT HEMWALL FOUNDATION** and its respective agents, officers, directors and associates (“the Released Parties”) from any and all liability for injury, illness, death, property damage or loss arising out of any other activity incident to my participation on this trip.
6. I agree not to sue or make claim against the Released Parties for injury, illness, death, damage or loss sustained as a result of participation on this trip or the use of the goods and services in connection with my participation on this trip. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney’s fees, incurred in connection with any action relating to my participation on this trip.
7. I understand that the Hackett Hemwall Foundation may notify the person or persons listed as an emergency contact on this form in the event that I become seriously ill or am involved in an emergency situation during the trip. In the event that I am unable to make my own medical decisions, a representative of the Hackett Hemwall Foundation may have to make those decisions on my behalf.

Initial

Date

8. Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. The Agreement and Release shall be construed under the laws of the State of Wisconsin.

I HAVE CAREFULLY READ THIS LIABILITY AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

TRAVELER'S SIGNATURE

DATE

TRAVELER'S PRINTED NAME

IMPORTANT: IF TRAVELER IS A MINOR (UNDER 18 YEARS OF AGE): PARENT OR LEGAL GUARDIAN MUST SIGN.

I am the Traveler's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on the behalf of the traveler and his/her heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

PRINTED NAME

All of the above information is correct to the best of my knowledge and I agree to the conditions and policies above for traveling and working with the Hackett Hemwall Foundation.

SIGNATURE OF TRAVELER

DATE

PRINTED NAME OF TRAVELER

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

STREET

CITY

STATE/PROVINCE

COUNTRY

Telephone: _____

HOME

WORK/DAYTIME

CELL

PAGER

Additional contact information: _____

Return this signed document to: The Hackett Hemwall Foundation – fax 608-256-1893

