

Team Participant Waiver and Consent Form

Team Participant Name: _____

Project & Location: Dominican Republic Lighthouse School Project

Team Leader: _____

Dates of Team Project: _____

Acknowledgement of Accountability

The cost of the trip is \$ _____, of which I know I am responsible to pay. A deposit has been included with this signed form of which I am aware is non-refundable.

My actions, words and attitude will reflect on the project long after I am gone. I understand that I must adhere to the code of conduct presented to me by Unto International and that I can be asked to leave the project at the discretion of the project partner and/or Unto International at my own expense should I fail to comply.

I authorize Unto International to use any photographs or video footage of myself for promotional purposes.

Release of Liability

I do hereby release Unto International, its employees, volunteer assistants or any affiliated church or organization from any liability whatsoever, arising out of any injury, damage or loss, which may be sustained by, said person during the course of involvement with Unto International. I am entering this team experience at my own risk.

I am aware of all of the costs involved in this team experience. I understand that all funds are due prior to departure and that I will be unable to proceed with this team experience should my financial obligation not be met. I also understand that all monies paid toward this team experience are non-refundable. In addition, I understand that all expenses incurred outside of the team experience (e.g. special sightseeing opportunities, shopping, etc.) are my obligation.

Consent for Treatment

I acknowledge that any necessary immunizations and prescription medications are my responsibility.

I give my consent should I require emergency medical treatment in the project country or during travel to/from my destination.

To my knowledge, there is no medical reason, physical or mental, for which I cannot undertake this team experience.

I have read and understand all of the above.

Participant's Signature: _____ Date: _____

Signature of Parent (if applicant is under 18 years of age): _____