



Liability Release Form

Please read carefully before signing, as this constitutes the agreement as a volunteer or participant and the understanding of your working relationship as a volunteer or participant in a CHISPA PROJECT short-term trip.

I, _____, acknowledge and state the following:

I have chosen to participate in a CHISPA PROJECT short-term trip. I understand that this trip entails a risk of physical injury and may involve extreme climates, uneven terrain, adverse working conditions, hard physical labor and exposure to potentially dangerous areas of the world.

I certify that I am in good health and physically able to work and travel in the areas designated by this trip within Honduras.

In the event that CHISPA PROJECT arranges accommodations, I understand that they are not responsible for my personal effects and property and that they will not provide lock up or security for any items. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate, my heirs and my minor children (if applicable), I hereby release, forever discharge and agree to hold harmless CHISPA PROJECT, its officers, employees, agents and activity leaders from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described short term trip or activity including travel, lodging, recreation and work activities, including but not limited to any such liability, claims or demands resulting from or arising out of the negligence of CHISPA PROJECT, its officers, employees, agents or activity leaders.

I, the undersigned, further agree to hold harmless and indemnify CHISPA PROJECT, its officers, employees, agents and activity leaders for any liability sustained by said participant, including expenses incurred attendant thereto.

I, the undersigned, further consent to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned, for myself, my estate, my heirs and my minor children (if applicable), agrees to hold harmless and indemnify CHISPA PROJECT, its officers, employees, agents and activity leaders from any actions taken and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Initials: _____

I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHO'S BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES.

Please complete one form for each member of the family. Parents or Legal Guardians must sign for minors.

Participant Printed Name

Participant Signature

Signed this _____ day of _____, _____

If the person signing is under 18, we would ask that that person sign, but must also be signed by a parent or guardian below:

I hereby certify that I am the parent or guardian of _____,
named above, and do hereby give my consent without reservation to the foregoing release
their behalf.

Printed Name

Signature

Signed this _____ day of _____, _____

Telephone:

Home

Work

DATES OF TRIP

_____ - _____ through _____ - _____ , 20_____

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