



## Project Blessing Rwanda Trip Waiver

Name of Student \_\_\_\_\_

I acknowledge and accept that my son's/daughter's (the student name above) participation in the Project Blessing trip to Rwanda Africa in order to participate in community service, research, tourism activities, safari or other pursuits, is entirely voluntary and all risk is voluntarily assumed by my son/daughter and me.

My son/daughter is in good health, and has no physical conditions that may effect their ability to travel and/or participate in any of the activities involved in this program and have not been advised otherwise by medical practitioner.

I reviewed applicable current travel advisories issued by the U.S. Department of State and Center for Disease Control relating to international travel to Rwanda.

I acknowledge that the quality and availability of health care may be very different than what is typically available in the United States. I am aware that certain activities carry increased level of risk by their nature (for example strenuous physical activity, safari, etc.) I further understand that on this trip there may not be rescue or medical facilities or expertise to deal with the injuries or illnesses to which I may be exposed.

I grant Project Blessing and trip chaperones full authority to take whatever action it deems is warranted under the circumstances regarding my son/daughter's health or safety in connection with my participation in this program, including the provision of any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. Project Blessing is further authorized to fly my son/daughter back home at my expense for medical treatment, if deemed necessary.

I agree that at all times, my son/daughter will follow the directions of the Project Blessing trip chaperones accompanying the program in all matters while on the trip. Project Blessing reserves the right to terminate my son/daughter's participation in the program for failure to maintain the standards of Project Blessing or if it be deemed that my acts, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the program or other students. Project Blessing is further authorized to fly my son/daughter back home at my expense, at their discretion.

I understand that Project Blessing rules and directions will be in effect. I have also ensured that my son/daughter understands that it is important for his/her safety, and for the safety of the group, that all rules and instructions given by Project Blessing trip chaperones are obeyed.



I understand that Project Blessing is not an agent of, and has no responsibility for, any third party including without limitation any business, vendor or organization that may provide any services, equipment, training or activities associated with the program.

I acknowledge that my son/daughter may be photographed, videotaped and/or recorded and I waive my photographic rights to Project Blessing. I hereby consent to and authorize any use and reproduction by Project Blessing or anyone authorized by Project Blessing, of any and all photographs/digital images/videotapes/recordings.

In consideration of your agreeing to take my son/daughter on the above trip, I hereby agree not to hold Project Blessing, individual chaperones, or the Board of Directors liable for any expense, loss, personal injury, or accident to my son/daughter, including but not limited to the claim of negligence. I will not bring any suit or assert any claim against Project Blessing or trip supervisors as a result of any action taken.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date