



## **INDEMNITY AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF RIGHTS**

In consideration of being permitted to participate with Good News Project, Inc., as a volunteer serving the poor in the countries of St. Lucia, St. Vincent and Dominica and the U.S.A., I, the undersigned, hereby acknowledge and agree as follows:

1. **PARTICIPATION IN THIS PROJECT MAY BE DANGEROUS. PLEASE READ THIS SECTION CAREFULLY.** I hereby acknowledge that volunteer services for Good News Project, Inc. often involves travel to and activities in underdeveloped countries, where travel, living conditions, and working conditions are likely to be very hazardous and where access to health care may be poor or non-existent (e.g., available medical facilities, if any, are not equal to those in the United States, may not provide intensive or surgical care, and may not be staffed by medical specialists in many fields).

I understand that the nature of some of the work includes but is not limited to construction work and that because of the location and nature of this work **THERE ARE SIGNIFICANT RISKS TO MY PERSONAL HEALTH AND SAFETY, INCLUDING SIGNIFICANT RISKS THAT I COULD BE SERIOUSLY INJURED OR DIE.** I recognize that risks of personal injury, illness, disease, or death from participation in this project include, but are not limited to, dehydrations, sprains, torn muscles and/or ligaments, fractured, broken or dislocated bones, eye damage, cuts, wounds, scrapes, abrasions, spinal injuries, shock, paralysis, heart attack, or death. I acknowledge that such injuries or conditions may occur in remote places where there are no immediately available or adequate medical facilities or trained personnel. I acknowledge that the risks include, but are not limited to, travel to and from the above-referenced underdeveloped countries, cross-country travel across rugged underdeveloped terrains and roadways which may contain steep grades, sharp turns, unstable road surfaces or hazardous objects, dangerous traffic or poorly trained drivers; risks of sickness, disease, or death from insect or animal bites, unfamiliar foods and water or unsanitary living or eating conditions; unpredictable and severe weather conditions, including extreme heat, exposure to the sun, and storms; risks of diseases including but not limited to dysentery; risks of falling, including falling from or onto construction materials or buildings, or other injuries which may occur during the construction process; and risks of equipment breakage or failure or operator error. I acknowledge that any volunteer work conducted in or around the Good News Project warehouse at 1106 5th Street, Wausau, WI may be potentially dangerous. Tasks performed that are potentially dangerous include but are not limited to lifting, carrying, packing, or using a pallet jack or hand trolley. Other risks include slipping and falling, tripping, forklift injuries, heavy items falling from shelving or double stacked pallets. Handling broken or old electronics also may expose me to hazardous materials. I acknowledge that this list of potential injuries and hazards is not exhaustive and that there may be other risks of injury, illness, disease, or death as a result of participating in this project. I acknowledge that my personal property may be damaged or lost. I realize that my personal skills, experience, fitness, and overall health condition are important factors for me to consider in assessing my willingness to participate in light of this waiver of the right to sue for injuries or death which might occur. **WITH FULL KNOWLEDGE OF THESE RISKS AND DANGERS, AND ACCEPTING THAT BY SIGNING THIS FORM I AM WAIVING MY RIGHTS TO SUE OR RECOVER FOR ANY INJURIES, ILLNESS, DISEASE, OR DEATH, WHICH MAY OCCUR WHILE I AM A PARTICIPANT IN THIS PROJECT, BY SIGNING THIS FORM I AM ADVISING THAT I STILL DESIRE TO PARTICIPATE IN THE GOOD NEWS PROJECT INC.'S VOLUNTEER WORK AND I AM, HEREBY, CERTIFYING TO GOOD NEWS PROJECT, INC. THAT I AM FULLY CAPABLE OF PARTICIPATING IN THESE ACTIVITIES.**

2. I HEREBY WAIVE, RELEASE FROM LIABILITY, AND COVENANT NOT TO SUE Good News Project, Inc., their respective employees, founders, agents, directors, personal representatives, heirs successors,

or assigns (hereinafter referred to collectively as the "Sponsors"), or any other participant, with respect to any and all liability to me for any and all claims of any kind or character, losses, damages, actions, causes of action, or expenses whatsoever which arise out of, in connection with, result from, or relate in any manner to my participation in any volunteer work with or for Good News Project, Inc., or the negligent acts or omissions of the Sponsors or other participant in connection therewith including, but not limited to, any and all such claims for known or unknown, foreseen or unforeseen, BODILY INJURIES, PERSONAL INJURIES, DEATH, PROPERTY LOSS, PROPERTY DAMAGE, and all other types of loss or damage, whether occurring prior to, during, or after my participation.

3. I HEREBY AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS THE SPONSORS from and against any losses, liabilities, damages, or costs which the Sponsors may incur due to the presence of me at, or participation by me in, the volunteer work for Good News Project, Inc. which are caused, directly or indirectly, by me.

4. IN ADDITION AND NOT IN LIMITATION OF THE OTHER PROVISIONS OF THIS INDEMNITY AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF RIGHTS, I HEREBY ACKNOWLEDGE AND AGREE THAT: (a) My expense for health care while I am a volunteer are my own responsibility; (b) My own health insurance may not be effective in the West Indies; (c) I may have been given information about an insurance plan that purports to provide coverage for illnesses or injuries which I may suffer during my trip and which may also pay for transportation to a suitable medical facility in case of my suffering a serious injury or illness; (d) I may have been reminded of recommendations from the U.S. Center for Disease Control (CDC) for travel to the West Indies; (e) I will make every effort to ensure my own safety and the safety of my co-volunteers during our trip; (f) I realize that it is my sole responsibility to inform Good News Project, Inc. of any allergies or significant medical conditions I have and of all medications I am taking; (g) The physicians and nurses traveling as part of our group, if any, are also volunteers and I cannot expect them to accept any responsibility for my medical care; and (h) I understand that I may have been enrolled as an insured under a basic travel insurance policy that may cover up to \$500.00 of my non-refundable expenses for my trip and, if I so choose, I may be able to upgrade such policy at my sole expense.

5. I HEREBY ACKNOWLEDGE THAT I UNDERSTAND, HAVE READ, AND HAVE VOLUNTARILY SIGNED THE FOREGOING INDEMNITY AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF RIGHTS and I expressly agree that this agreement is intended to be effective and binding upon myself, my heirs, assigns, personal representative, and estate, and for all members of my family, and that if any portion of this agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I hereby further agree that I assume full responsibility for risks of bodily injury, personal injury, death, property damage, and all other types of loss and damage described herein and state that I understand that the Sponsors have relied upon this Indemnity Agreement, Assumption of Risks, and Waiver of Rights in giving me permission to participate in the volunteer work of Good News Project, Inc.

I UNDERSTAND THAT SINCE THE INCEPTION OF THE ORGANIZATION ONLY A HANDFUL OF INJURIES HAVE OCCURRED TO VOLUNTEERS including two volunteers who suffered fractures, two who returned to the US early because of illness, and one who had to be medically evacuated for treatment of a severe infection (not connected with the work she was doing with Good News

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Please Print Name of Participant

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Signature

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Date

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