



Health Education Africa Resource Team

PARTICIPANT LIABILITY RELEASE FORM

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

I _____, acknowledge and state the following:
(Please print)

I have chosen to participate in a HEART short-term trip and to be involved in ministry to others by seeking to bring education, care and support for the HIV infected and affected people of Kenya.

I understand that this short-term trip may involve extreme climates, adverse working conditions and travel in Kenya can be difficult and dangerous. I certify that I am physically able to participate in the team activities.

I understand that I am engaging in this HEART short-term trip at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury or accident which I may sustain while involved in this trip, and any related medical costs and expenses.

In the event that HEART arranges accommodations, I understand that they are not responsible or liable for my personal effects and property. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time, for my own safety. I will purchase travel insurance for illness, accident or loss of luggage and not hold HEART responsible.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold HEART, together with their officers, board members, and agents, , harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

***Please complete one form for each participant
(Please Print)***

SIGNATURE _____ DATE _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

MEDICAL ALERT/ALLERGIES _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE # _____

WITNESS _____ DATE _____

HEART
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