GHNI Liability Release Form

The undersigned wishes to participate in a short-term project (herein the "Activity") with Global Hope Network International (GHNI - USA), a non-profit corporation.

GLOBAL HOPE NETWORK INTERNATIONAL – USA and the undersigned agree that the Activity poses risks including the following specific risks: sickness, crime, political instability, governmental opposition to project activities, as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of GLOBAL HOPE NETWORK INTERNATIONAL – USA assisting the participant in the Activity, and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue GLOBAL HOPE NETWORK INTERNATIONAL - USA and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein the "Releasees"), for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether for injury or illness, and whether required as a result of the undersigned's participation in the Activity or not. **The undersigned acknowledges Releasees are under no obligation to, and do not, provide medical insurance for the undersigned.**

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

The Sending Agency for this project is
Global Hope Network (Geneva)
A Swiss relief organization headquartered at
Pierre-à-Fleur 6 * 1802-Corseaux * Switzerland
Telephone: +41 (0) 21 921 0877 Email: info-ch@ghni.org

To expedite the processing of this application, if you are applying from North America, please send all completed forms to your trip leader.

"I acknowledge and agree to be under the authority of GHN (Geneva), a Swiss relief organization. During my time of volunteering with this organization I understand they will be responsible for overseeing my work in the country they assign me to. All volunteer matters will be deferred to this agency. I understand that reporting responsibility and control rests with GHNI, a Swiss organization, throughout the duration of my employment.

"BY MY SIGNATURE BELOW, I AM INDICATING THAT I HAVE READ, UNDERSTOOD AND AGREE TO ACT IN ACCORDANCE WITH ALL OF THE CONDITIONS EXPRESSED ABOVE."

APPLICANT: _____ _____

(PRINTED NAME) *(SIGNATURE)*

DATE : _____