

**Travel to AFRICA Agreement for
Assumption of Risk, Waiver of liability and Indemnification**

I have chosen to travel to Africa from The United States from October 12 through 20. I understand and hereby acknowledge that my participation in this trip is wholly voluntary. I agree to the following:

1) **Risks of Volunteering Abroad.** I understand that participation in the trip to Africa involves risk, hazards, and dangers. I am aware of, understand, acknowledge, appreciate that these risks, dangers, and hazards involve traveling to and within, and returning from, one or more foreign countries, including risks of air travel and all other types of transportation that could result in damage to property, injury to persons, or death; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of utilities, including computing facilities, buildings, public places and conveyances; and local sanitation, medical, and weather conditions. I am aware of, understand, acknowledge, and appreciate the risks, hazards, and dangers of travel to, in and around Africa, including but not limited to the dangers to my own health and personal safety, including loss of property, personal injury, or death posed by war, terrorism, crime, civil unrest, kidnapping, illness, public health risks, accidents, and/or violence. Applicable current travel advisories issued by the U. S. Department of State and the Center for Disease Control information materials either have been received or Internet site addresses provided to me. Further, I have made my own investigation and I am willing to accept these risks, hazards, and dangers.

Health and Safety.

- a) I hereby represent and warrant that I am and will be covered throughout my trip by a policy of comprehensive health and accident insurance, which provides comprehensive health and accident insurance policy for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country that I will be living and/or traveling, as well as emergency evacuation and repatriation of remains insurance.
- b) I hereby represent and warrant that my health insurance policy will adequately cover me while outside the United States.
- c) I acknowledge and recognize that YAI is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States, during my participation in the Program, YAI is not responsible for the cost or quality of such treatment or care. YAI may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and hereby release YAI from any

liability for such actions.

3) **Participant's Responsibility.**

- a) I understand and acknowledge that YAI does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizers, or other provider of good or services.
- b) I understand and acknowledge that YAI assumes no responsibility or liability, in whole or in part, for: any delays, delayed or changed departure or arrival times; Can changes, dishonors of hotel, airline or vehicle rental reservation, misses carrier connections; sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God. circumstances beyond the control of YAI, war, quarantine, civil unrest, kidnapping, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to and lost property: bankruptcies or airlines or other service providers; inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature whatsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond YAI's control, with or without notice; or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, YAI will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are transported at my risk entirely.

4) **Independent Activity.** I hereby represent and warrant that my participation in this trip is not required by YAI and is wholly voluntary. I understand and hereby acknowledge that I may face additional and/or increased risk of injury or loath due to civil unrest, violence, terrorism, crime, illnesses, kidnapping, or political instability. I hereby assume, knowingly and voluntarily, each of these risks and all other risks that could arise out of or occur during my travel to, from, in or around Africa.

5) **Standard of Conduct.**

- a) I understand and acknowledge that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior, which violates those laws or standards, could harm YAI's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I travel. I will attend to any legal problems I encounter with any foreign nationals or government of the host country or any country to or through which I travel. YAI is not

responsible for providing any assistance under such circumstances.

6) **Assumption of Risk and Release of Claims.** Knowing the risks, dangers, and hazards described above, and in consideration of being permitted to participate in the Program, I agree, individually, and on behalf of my heirs, successors, assigns and personal representatives, to assume all the risks, dangers, hazards, and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge YAI and its employees, agents, officers, trustees and representative (in their official and individual capacities) from any and all liability whatsoever, which arise as a result of negligence on the part of YAI. for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands actions, causes of action, judgments, damages, expenses and costs, including attorneys fees which arise out of, result from, occur during or are connected in any manner with my trip to Africa.

7) **Indemnification and Hold Harmless.** I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless YAI and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that may result from my negligent or intentional act or omission, which arise out of, occur during, or are in any way connected with my trip to Africa, including any independent travel or any activities or field trips.

I agree that this Waiver, Release and Indemnification is to be construed and governed under the laws of the Commonwealth of Massachusetts, U.S.A.; and that if any opinion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I signed it knowingly and voluntarily.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND THAT I AGREE TO EVERYTHING STATED IN IT. FURTHER, NO REPRESENTATIONS, STATEMENTS OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. MY SIGNATURE ALSO INDICATES THAT I AM AWARE OF ANY SPECIAL RISKS, DANGERS, AND HAZARDS INVOLVED IN THE PROGRAM.

Name of Country Office visited

Participant's Name (printed)

Date

Participant's Name (signature)

Date

If Applicant is under 18 years of age:

I am the parent or legal guardian of the above Applicant, I have read and understood the foregoing Agreement and Release Form (including such parts as may subject me to personal financial responsibility), I am and will be legally responsible for the obligations and acts of the Applicant as described in this Agreement and Waiver of Liability and Release Form, and I agree. for myself and for the Applicant, to be bound by its terms.

Parent or Legal Guardian Signature

Date
