

**HOFFMAN FAMILY FOUNDATION**  
**2017 Uganda Summer Trips Waiver and Release**

I \_\_\_\_\_ herby acknowledge that I have voluntarily consented to participate in one of the **2017 Uganda Trips this summer** hosted by Hoffman Family Foundation (HFF).

**2017 Uganda Trip Dates:**

Trip One: May 18<sup>th</sup> – May 29<sup>th</sup>

Trip Two: May 30<sup>th</sup> – June 9<sup>th</sup>

Trip Three: June 10<sup>th</sup> – June 20<sup>th</sup>

Trip Four: June 21<sup>st</sup> – July 1<sup>st</sup>

I have paid my **non-refundable deposit by February 28<sup>th</sup>, 2017** and will be traveling with Trip: \_\_\_\_\_

I understand the trips dates, as stated above, and agree to the terms stated above: (\_\_\_\_ **Initials**)

**INFORMED CONSENT**

I understand this is a trip to Uganda and will extend a total of 10 - 12 days depending on the trip you go on. Groups leave the **U.S. on the dates listed above according to your trip**. Groups will travel long distances on airplanes and buses. Airfare, ground transportation, hotel accommodations, daily breakfast and lunch will be provided by HFF as they are all included in the trip cost. **PARTICIPANTS** are responsible for providing their own transportation to and from U.S. airports. Personal expenses, souvenirs, snacks, gifts, tips to hotel staffs and daily dinner meals and tips to restaurants, and overweight luggage fees are not included in the cost. **Your official leave and return dates are listed above for the 2017 Uganda Summer Trips and your airfare will be coordinated with HFF's Volunteer Director**. Your airfare is not included in the trip cost you pay to HFF. You are responsible for booking and paying for your own airfare.

I acknowledge and understand it is my personal responsibility to obtain all travel documentation (such as a passport valid for at least six months for U.S. citizens) and pay the Uganda Visa Entrance fee (\$50 fee), to travel to Uganda, to pay trip cost in full prior to **April 15<sup>th</sup>, 2017** and know **trip costs are non-refundable**. Passport and visa fees are not included in the cost of the trip and are my responsibility.

I understand that travel outside the U.S. is potentially dangerous and I accept the risks of such travel. I understand the risks involved in traveling, to, within and from the U.S, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, and negligent first aid operations or medical treatment. I further understand that as a participant I could sustain personal injuries, property damage, or even death.

Nevertheless, I want to have the opportunity to participate in the activities supported by HFF, and this Activity Release is given in exchange for that opportunity.

I understand that HFF will have a loose itinerary which involves service projects and other activities and I need to be at designated places at the appropriate times. I acknowledge and understand and agree to keep up with instructions given each day at all times.

I understand that it is my personal responsibility to confirm that there is no legal impediment to travel for myself or for those in my party. It is also my responsibility to comply with all laws and regulations governing domestic and international travel.

I understand and herby acknowledge that I have carefully reviewed the directives and recommendations, including recommendations concerning immunizations, medicines, the need to consult a physician of my own choosing and have been advised by said physician that I am in good health, do not suffer from any physical or mental condition, ailment or disability which requires any medical or surgical care or treatment, or which would make my travel to, in and around Uganda hazardous, unwise, unwarranted or a potential source of danger to myself or to others who may travel with or participate on the trip. (\_\_\_\_ **Initials**)

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**PERSONAL MEDICAL INSURANCE**

I agree that I currently have or will purchase (and maintain during the term of the trip) personal medical insurance that is applicable in the U.S. and im Uganda. **HFF strongly recommends volunteers purchase travel insurance that covers fight delays, cancellation, limited medical protection, and luggage lost or damage.** I further acknowledge and agree that I am responsible for the cost of any and all additional medical and health services which are not covered under my insurance plan. I understand and agree that it is incumbent on me to purchase any additional health care and travel assistance coverage that I might need for this trip. (\_\_\_\_ **Initials**)

**PERSONAL BELONGINGS**

I understand and acknowledge that HFF is not responsible for the loss of any personal belongings or property that I sustain during my participation in this trip, including but not limited to the loss of credit cards, cash, luggage, and other items on the airlines, coach buses, hotels, etc. (\_\_\_\_ **Initials**)

**WAIVER, RELEASE, AND INDEMNIFICATION**

I waive, release, indemnify, and promise not to sue HFF and/or all of its constituent organizations, agents, employees, and volunteers (collectively “Released Parties”) from all demands, claims, or liability, in law or in equity, **including the Released Parties’ own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me or my property. **I fully assume the risks associated with participating in this activity.** This waiver, release indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts. (\_\_\_\_ **Initials**)

**PHOTOGRAPH, RECORD AND PUBLISHING**

As a condition of my participation I understand that HFF may take photographs, recordings, statements or quotations of me during the trip and I agree that HFF has permission to publish them in a manner HFF deems appropriate without payment to me of any fees or compensation whatsoever. (\_\_\_\_ **Initials**)

**MEDICAL**

In case of medical need or injury, and I am unable to authorize medical treatment, I hereby authorize HFF to make every reasonable effort to arrange for the appropriate services for me up to and including, medical, dental or surgical treatment, including but not limited to the administration of X-rays, anesthetic or anesthesia by any medical professional chosen by HFF. I will be responsible for any medical and related expenses. **Any provider of care can rely on this Consent as authority to treat me as appropriate and to bill me directly for the cost thereof.** (\_\_\_\_ **Initials**)

**Relevant Medical Information**

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you presently being treated for any injury or sickness?  Yes  No If yes, please explain:

\_\_\_\_\_

