

Education Equals Hope Waiver

INDEMNIFICATION: I release Education Equals Hope (henceforth, "E=H"), its directors, officers, and agents, and any cooperating institution, agency, or company, and their directors, officers and agents, known and unknown, present and future, from any and all claims for damage to or loss of property, personal illness, injury, or death, including any judgment as well as costs and expenses as well as attorney's fees and court costs, arising out of or resulting from my participation as a E=H programs whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I shall not hold E=H liable or responsible for any delay, inconvenience, change of itinerary, injury, illness, death, accident, expense, or damage to person, property, or otherwise in connection with any accommodation, transportation, or other services, resulting directly or indirectly from any acts of God, acts of government or other authorities, wars, hostilities, civil disturbances, terrorism, strikes, riots, thefts, epidemics, quarantines, sickness, weather, and medical or customs regulations or any other reason or basis, or for any loss or damage resulting from improperly issued passport or visas.

CONSENT TO JURISDICTION AND FORUM SELECTION: I hereby agree that all actions or proceedings arising from my relationship with E=H shall be tried and litigated exclusively in the State and Federal courts located in the State of South Carolina. I understand that the aforementioned choice of venue is to be mandatory and not permissive in nature, thereby precluding the possibility of litigation between myself and E=H with respect to or arising out of my association with them in any jurisdiction other than that specified in this paragraph.

I understand that both I and E=H hereby waive any right each may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this paragraph, and each stipulates that the State and Federal courts located in the State of South Carolina shall have in personam jurisdiction and venue over each party for the purpose of litigating any dispute, controversy, or proceeding arising out of or related my association with E=H.

Each party hereby authorizes and accepts service of process sufficient for personal jurisdiction in any action against it as contemplated by this paragraph by registered or certified mail, return receipt requested, postage prepaid, to its address for the giving of notices as set forth in this Agreement.

Any final judgment rendered against a party in any action or proceeding shall be conclusive as to the subject of such final judgment and may be enforced in other jurisdictions in any manner provided by law. Nothing in this paragraph shall have the effect of interfering from the release of liability in the forgoing paragraph or any other document.

CONSENT TO THE APPLICABILITY OF SOUTH CAROLINA LAW: In the event of any litigation arising out of or related to my involvement with E=H, the laws of the state of South Carolina, where applicable, shall be applied.

DECLARATION OF SUITABILITY FOR PARTICIPATION: I have fully informed myself of all the details of the activities I will engage in and have received satisfactory answers to all questions I have concerning the activities with E-H, including the risk inherent in the activities and work in general. I declare that I am physically and mentally capable of participating in E=H activities in Ecuador, which may involve physically and/or psychologically stressful situations. I understand that I must be in good physical and mental health to participate as a E=H participant, and that I am responsible for arranging for any necessary medication(s) or vaccinations. I recognize and acknowledge the activities and work involve risk of bodily injury, death and property loss.

I understand that I am obligated to comply with local laws and customs while in Ecuador. Use, sale, or purchase of illicit drugs is illegal, and strictly prohibited. I understand that any individual found using, selling, or purchasing illegal drugs will be terminated from the program with no recovery of fees or deposits.



Education Equals Hope: Hope on the Ground

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I accept full responsibility for any loss or expenses incurred by my late arrival at the program site, even if I am not the cause of my tardiness or late arrival

While in the Ecuador or traveling to or from Ecuador, I accept full responsibility for any damage to or loss of property, personal illness, injury, or death.

I understand that E=H does not extend insurance to cover its participants, and I hereby agree and confirm that I have arranged for such insurance as I have deemed relevant and fitting. I understand that supplemental sickness, accident, and trip cancellation/interruption insurance is recommended.

I accept full responsibility for any expenses incurred while traveling independently before, during, and after the program.

I understand that E=H reserves the right to sever its relationship at any time, and with or without cause. I also understand that I may sever my relationship with E=H at any time.

I agree to allow E=H to distribute my name and email address to other potential volunteers. I agree to allow E=H to use my name and photographs and likeness in its promotional materials, including the website.

I declare that I have not misrepresented myself, my abilities, professional certifications, educational degrees, or physical abilities throughout the course of my application, and that all of my statements have been true.

Name of church/school/organization	_____
Destination Country	_____
Dates of program	_____
Today's date	_____

Applicant 18 years or older fill in the information below:

Print Name of Applicant	Address/City/State/Zip Code

Signature	

Minor Applicants: applicant under the age of 18:

Print Name of Applicant	Address/City/State/Zip Code

Print Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian