

WCCN TRAVEL DELEGATION

AGREEMENT AND RELEASE OF LIABILITY

(Read carefully before signing.)

1. I, _____ (Registrant), have applied and intend to participate in a a travel delegation/program to Nicaragua offered and/or coordinated by the Wisconsin Coordinating Council on Nicaragua (WCCN).

2. I understand and am aware that during the program in which I will participate certain risks and dangers may arise, including but not limited to: the hazards of traveling in politically unstable areas; the dangers of civil disturbances and war; the forces of nature; travel by boat, automobile, train, ship, aircraft, bus or other means of conveyance; and accident or illness in places without access to medical facilities, transportation, or means of rapid evacuation and assistance.

3. I am aware that participation in the program and/or the use of transportation, housing and dining services, and other goods and services in connection with participation in the program carries a risk of serious personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of injury, illness, death and property damage or loss that may result from participation in the program and use of the goods and services including, but not limited to, those described above.

4. I have read and understood the materials on health precautions provided by WCCN, and have fully informed WCCN of any condition of my mental or physical helath that might affect my participation in the delegation.

- 5. I hereby release, discharge, and agree to hold harmless WCCN, its members, staff, directors, officers, promoters, employees, agents, and successors, from any and all liability, claims, demands, rights or causes of action, present or future, whether known or unknown, anticipated or not anticipated, whether brought on by my behalf or by or for any other person, or by my heirs, executors, or assigns, for personal illness, injuries or death, or any damage to or loss of personal property which may occur en route to, during, from, or as a result of my participation in a WCCN Delegation.**
In signing this document I expressly release, discharge, and hold harmless WCCN and the persons described above to the maximum extent permitted by law in any state, territory, district, or country.

I HAVE READ AND UNDERSTAND THE FOREGOING AND SIGN IT VOLUNTARILY. I AM AT LEAST EIGHTEEN YEARS OF AGE, OF SOUND MIND AND ACT OF MY OWN FREE WILL AND WITHOUT ANY COERCION OR DURESS IN SIGNING THIS AGREEMENT AND RELEASE OF LIABILITY.

Registrant's Signature

Date

Registrant's Name (please print)

Notary Public

Commission Expiration Date

IMPORTANT: IF REGISTRANT IS A MINOR, PARENT OR LEGAL GUARDIAN MUST SIGN.

