

Name: _____ Trip Name: _____ Trip Dates: _____
Navstaff Team Leader: _____ Passport #: _____
Expiration Date: _____

THE NAVIGATORS
INTERNATIONAL VOLUNTEER TRAVEL CONSENT AGREEMENT

THIS DOCUMENT MUST BE READ AND SIGNED BY THE PARTICIPANT IN THE NAVIGATORS' OVERSEAS PROGRAM AND ALSO PARTICIPANT'S SPOUSE IF SPOUSE WILL ACCOMPANY PARTICIPANT FOR ANY PART OF THE PROGRAM.

I ACKNOWLEDGE THAT THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM AGREEING ON MY BEHALF AND ON BEHALF OF MY CHILD/WARD/DEPENDENT(S) TO RELEASE THE NAVIGATORS AND ITS OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AND AGENTS FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

* * * * *

I. Release of Liability

I understand that participating in overseas volunteer programs in cooperation with The Navigators is a privilege. In consideration for that privilege, I am signing this Consent Agreement on behalf of myself and on behalf of any members of my family, including any minor child/ward/dependent that may be accompanying me.

I understand and acknowledge that there are certain risks and dangers associated with international programs and travel, including, by way of example, airplane and vehicle accidents, hijacking, kidnapping, piracy, terrorism, criminal activities, radioactive or other hazardous materials, illness, inadequate medical care and death. In addition, I understand that there may be other risks involved of which I may not be presently aware.

By signing this Consent Agreement, I and members of my family accompanying me expressly assume these risks, whether such risks are known or unknown at this time. I hereby release and hold harmless, for myself, my heirs, family and estate, executors, administrators, assigns, and personal representatives, The Navigators, members of its board of directors, and its officers, employees, members, volunteers, contractors, agents and representatives from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation, and the participation of my spouse and any child/ward/dependent accompanying me, in The Navigators' overseas volunteer program and travel related thereto.

Further, on behalf of any of my minor children/wards/dependents that may accompany me, I hereby release and hold harmless The Navigators, members of its board of directors, and its officers, employees, members, volunteers, contractors, agents and representatives from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that any such child/ward/dependent may have or sustain with respect to all property damage, personal injury, and/or death arising from the child/ward/dependent's participation in The Navigators' overseas volunteer program and travel related thereto.

This release of liability shall include (without limitation) any claims that I and any child/ward/dependent, or other members of my family, may have against The Navigators or its officers, directors, employees, and agents, including claims for their negligent acts or omissions, and excepting any claims to the extent required under applicable law.

I further agree to indemnify, save and hold harmless the released parties referenced above from any and all claims, demands, losses, damages and liabilities for indemnity, contribution or otherwise with respect to any and all property damage, personal injury and/or death arising from my or my

child/ward/dependent's participation in the overseas programs of The Navigators, as may be asserted by a third party (defined as a party other than the released parties or me), except to the extent prohibited by applicable Colorado law.

II. Certification Regarding Medical Treatment and Health Insurance

I understand that preventive medical treatments (such as vaccinations) and medicines may be necessary for traveling and residing in some foreign countries. I agree that it is my personal responsibility to (i) seek advice from my physician to determine what, if any, treatments and medicines are recommended for me and my family members, (ii) procure them, and (iii) use them at my/our own risk.

I attest that I am not, and that any child, ward or dependent traveling with me is not, currently being treated for any injury or disability and none of us has past injuries that may put me or my child or dependent at risk of further injury by the volunteer services to be performed.

I hereby certify that, if I and/or members of my family accompanying me are not covered by health insurance provided by The Navigators, I/we are covered by a personal or group insurance plan, the policy name and number of which I have listed below, for hospitalization and medical expenses during our stay abroad.

III. Affirmation of Volunteer Status

I understand and agree that the services to be performed by myself and by any child or dependent traveling with me, for whom I am legally responsible, are voluntary Christian services, and not in contemplation of compensation of any kind or future employment. It is understood that I am not, and any child, ward or dependent traveling with me is not, an employee of The Navigators. The provisions of room and board and any other gratuity, in cash or in kind, is not an inducement or condition to the voluntary services to be rendered. It is understood that this agreement is necessary to document the exemption of such voluntary service from United States and foreign wage and hour and tax laws, if any, applicable to any such volunteer service.

IV. Miscellaneous

In the event that any provision of this Consent Agreement is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Consent Agreement had been executed with the invalid provision eliminated. I understand and agree that this Consent Agreement is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado law.

This Consent Agreement shall be effective and binding upon The Navigators and me, my children/wards/dependents, other members of my family, my estate, heirs, representatives, and assigns. I have read this Consent Agreement and fully understand its terms. I affirm that I am over 18 years of age and sign this Consent Agreement voluntarily.

Participant's Signature Date Participant's Printed Name Date of Birth

Name of Health/Medical Insurance Co. Policy Number and I.D. Number

Participant's Signature Date Spouse's Printed Name Date of Birth

(If different) Health/Medical Insurance Co. Policy Number and I.D. Number

(If different) Health/medical insurance information for accompanying children/wards/dependents:

Health/Medical Insurance Co. Policy Number and I.D. Number

Consent To Participation of Minor: By my signature below, I understand and agree to the provisions set forth above and hereby authorize the participation of each child, ward or dependent listed below participating in the overseas program.

I represent that I am the parent/legal guardian of:

| | | | |
|--------------------|---------------------|--------------------|---------------------|
| Minor's Name _____ | Date of Birth _____ | Minor's Name _____ | Date of Birth _____ |
| Minor's Name _____ | Date of Birth _____ | Minor's Name _____ | Date of Birth _____ |

who is/are under the age of eighteen (18) or otherwise a minor in his or her state of residence and who will be traveling with me. In consideration for The Navigators allowing the participation of each child/ward/dependent in The Navigator's volunteer overseas program, I hereby agree to be bound by the terms of the above Consent Agreement.

Signature: _____ Signature: _____

Date: _____ Date: _____

Printed Name: _____ Printed Name: _____

IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING MUST ALSO BE SIGNED:

I hereby certify that this Consent Agreement was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the child/ward/dependent due to death or other incapacity of the other parent or because of a court order; or (ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

Dated: _____ Signature: _____

| | |
|--|--------------------------|
| IN CASE OF EMERGENCY, PLEASE NOTIFY: (Please Print) | |
| _____ | |
| Name/Relationship | |
| Address _____ | Home Phone (_____) _____ |
| _____ | Work Phone (_____) _____ |
| _____ | _____ |
| Navigator Staff Sponsor | Date |

AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF LIABILITY

1. Authorization for Medical Care

In the event that I am in need of medical care or treatment and am not capable of providing consent to such care or treatment, or I/we cannot be reached to give consent for my child/ward/dependent, I/we, the parents/guardians of each minor child/ward/dependent named herein below (the "Minor"), hereby authorize The Navigators and any of its employees and volunteers (the "Organization") to consent on my behalf or each Minor to any medical services, x-ray examinations, anesthesia, dental, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician or other qualified medical personnel for me or each Minor. I/we authorize any medical treatment facility that provided treatment to the Minor(s) to surrender physical custody of each Minor to the Organization under this Authorization. I/we agree to fully pay all costs of medical or dental care incurred on my behalf or on behalf of the Minor(s) by the Organization.

2. Release of Liability

By signing, I release the Organization, its Board of Directors, officers, staff, nurses, agents, employees and volunteers from any and all claims, suits, losses, damages, causes of action or other liabilities arising out of their consent to medical care permitted by this Authorization.

Signature: _____ Signature: _____

Date: _____ Date: _____

Printed Name: _____ Printed Name: _____

I represent that I am the parent/legal guardian of:

Minor's Name _____ Date of Birth _____ Minor's Name _____ Date of Birth _____

Minor's Name _____ Date of Birth _____ Minor's Name _____ Date of Birth _____

who is/are under the age of eighteen (18) or otherwise a minor in his or her state of residence. In consideration for allowing the participation of my child/ward/dependent in The Navigator's volunteer overseas programs, I hereby agree to be bound by the terms of the above Authorization for Medical Care and Release of Liability.

Signature: _____ Signature: _____

Date: _____ Date: _____

Printed Name: _____ Printed Name: _____

**IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING
MUST ALSO BE SIGNED:**

I hereby certify that this Authorization for Medical Care and Release of Liability was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the child/ward/dependent due to death or other incapacity of the other parent or because of a court order; or (ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

Dated: _____ Signature: _____



AFRICA PARTNERS MEDICAL

Partnering in education and equipment to prevent needless death in Africa

Please print out, complete, and mail it to the address below within one week of submitting your online registration. For your convenience, you will also receive a copy of the document attached to your registration confirmation email.

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