

Compas de Nicaragua
Internship Program Release Form

Note: Do not sign this form until you have read it carefully and understand its contents. This is a legally binding release, which may reduce or eliminate your legal recourse in certain events. The Release Form must be signed by you and, if you are under 21 years of age, by both of your parent(s) or guardians. All parties must also initial the first page.

I, _____ (the "Participant") hereby request that I be allowed to participate in the Compas de Nicaragua Internship Program to Nicaragua sponsored by Compas de Nicaragua, ("Compas"), and as part thereof, to travel to and from the Compas de Nicaragua project—via transportation arranged by myself. Upon acceptance of my application by Compas, I agree as follows:

I will, as recommended by Compas and/or my personal physician, secure all necessary inoculations prior to my departure date, as well as a passport necessary for foreign travel. I acknowledge that I am responsible for my personal health and safety during the Compas de Nicaragua Internship.

I further agree that if, at any time, the Field Supervisor of Compas should determine that my conduct discredits the status or reputation of Compas, I will voluntarily terminate my participation in the service project and return to the United States when directed to do so by Compas.

I am now covered, and at all times while participating in the Compas de Nicaragua service trip I will remain covered by health insurance. While Compas will use all reasonable efforts to make first aid and basic medical care available to Participants as promptly as practicable in any appropriate circumstance, Compas shall not be responsible for any major medical care or hospitalization incurred by any Participant.

I confirm my agreement with Compas that the period of my participation in the Compas de Nicaragua Internship will be limited to the dates for which I am accepted to Internship Program. I agree to be financially responsible for any and all travel within the United States and to and from Nicaragua beyond the participation fee.

If I am under 21 years of age (as indicated below), my parent(s) and/or guardian(s) have signed below to evidence their consent to my participation in the Compas de Nicaragua service trip and their specific request of and to Compas that I be permitted to participate in such program; and to evidence their agreement to the foregoing undertakings.

I agree to allow Compas to use my name, written or oral quotations and/or photograph in marketing, training and promotional materials, including but not limited to: posters, brochures, handbooks, and electronic web sites.

I, and, if I am under 21 years of age, my parent(s) or guardian(s) specified below, jointly and severally, in consideration for Compas acceptance of me in the Compas de Nicaragua service trip, hereby:

- i. Agree that neither Compas, nor Field Supervisors, sponsors or participants in the Compas de Nicaragua Internship (with each of Compas and such persons referred to as an "Indemnified Party") shall be liable for any action taken or omitted to be taken by an Indemnified Party in connection with or in any way related to this Agreement or my service as a volunteer unless such action or omission constitutes willful misconduct on the part of such Indemnified Party or is adjudicated by a court of competent jurisdiction to constitute gross negligence on the part of such Indemnified Party;

Participant's/Parents'/Guardian's Initials: _____

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- ii. RELEASE, INDEMNIFY, AND AGREE TO HOLD HARMLESS to the fullest extent permitted by law each Indemnified Party from and against any and all loss, claims, damages, liabilities, or actions (INCLUDING, WITHOUT LIMITATION, ANY LOSS, CLAIMS, CHARGES, LIABILITIES, OR ACTIONS ARISING OUT OF THE NEGLIGENCE OR ALLEGED NEGLIGENCE OF ANY INDEMNIFIED PARTY) in any way arising out of, connected with, or attributable to my service as a volunteer or participation in the Compas de Nicaragua Internship (including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to me in event of need);
- iii. in the case of a Participant who is under 21 years of age, such parent(s) and/or guardian(s) hereby agree that the release, indemnification, and agreement to hold harmless set forth in (ii) above shall extend to any claim by or on behalf of the Participant based in whole or in part upon such Participant's minority; and
- iv. acknowledge, recognize and accept that my participation in the Compas de Nicaragua Internship will involve activities in a foreign country and will likely include activities in remote and/or underdeveloped and/or politically sensitive areas which may subject me to increased risks of disease and/or injury and/or risks to my personal safety, and that medical services may not be immediately available and may not be available at a level equivalent to that in the United States.

Participant's Name (printed)	Date of Birth	Participant's Signature	Date
<i>If under 21 years of age:</i>			

Mother's Name (printed)	Mother's Signature	Date
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Father's Name (printed)	Father's Signature	Date
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OR

Legal Guardian's Name (printed)	Legal Guardian's Signature	Date
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Statement of Agreement:

I agree to respect the decisions of the Compas de Nicaragua Field Supervisors. As a responsible Participant, not a tourist, I realize that I will not be able to travel on my own during the Internship. I understand, respect and will abide by these basic rules: 1) no handling of fire arms, 2) must follow group decisions, 3) no violence in any form towards anyone, 4) no use of recreational drugs and 5) will obey the laws and regulations of the country we will visit, Nicaragua:

Participant's Name (printed)	Participant's Signature	Date
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