

PLEASE FOLLOW ALL INSTRUCTIONS: (i) Complete and print this fill-able PDF (ii) Sign and date Form 3 (iii) Scan, name, and e-mail each participant’s document separately to Erica Gray at programs3@companeros.ca.

Office: R___ EC___ HI___ FR___ IR___ PR___ PC___ TC___ LW___ PF___ DEP___ PAY___ OK
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1. PARTICIPANT

Name: _____ Male or Female? _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Cell: _____ Home Phone: _____

Email: _____ Are you a Group Leader? _____

Date of Birth: Day _____ Month _____ Year _____ Age as of January 1, 2017: _____

2. EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Cell: _____ Home Phone: _____

Email: _____

3. HEALTH INFORMATION

Please indicate all health issues, allergies, and information required prior to, or relevant to, emergency medical treatment. Include medication needs, if relevant. If none, write NONE.

4. FOOD RESTRICTIONS or ALLERGIES

Please list any food allergies or restrictions. If none, write NONE:

5. T-SHIRT ORDER – check your size preference

Women’s: S___ M___ L___ XL___ **Men’s:** S___ M___ L___ XL___

6. INSURANCE RESPONSIBILITY

I **accept** responsibility to determine and arrange my out-of-country health, trip cancellation, trip interruption, and baggage insurance: **YES** **NO**
 Initials: _____

7. PASSPORT RESPONSIBILITY

I **accept** responsibility to obtain a passport valid 6 months beyond the date of return and ensure my passport and plane ticket names match: **YES** **NO**
 Initials: _____

8. PHOTO and REFERENCE CONSENT

I **consent** to my photo being used publically by Compañeros Inc and to my name and contact information being given to other participants: **YES** **NO**
 Initials: _____

9. TERMS and CONDITIONS

I **agree** with the Terms and Conditions in the Itinerary & Information: **YES** **NO**
 Initials: _____

10. LIABILITY WAIVER

I **have read**, understood, agreed to, and signed the Liability Waiver: **YES** **NO**
 Initials: _____

PERSONAL PROFILE

Name: _____ Your program dates: _____

Please answer the questions below carefully; your profile may be used to introduce you to other participants, your host family, or partners in Nicaragua. Insert text, write, or print neatly. Thanks.

1. What do you hope to gain from this experience?

2. What do you hope to give to this experience?

3. What topics will you investigate and learn about Nicaragua before and during your travels?

4. What standards of practice will you uphold that ensure a fair and respectful distribution of benefits occurs between Canadian participants and Nicaraguan host community members?

5. What's your fundraising goal? How are you going to achieve it?

6. Have you travelled in a country ranked lower than 100 in the United Nations Development Index?

<http://hdr.undp.org/en/statistics/>

No _____ Yes _____ Country(ies) _____.

7. Do you speak other languages: No? _____ Yes? _____ I speak _____.

Your ability to exchange basic phrases and ask for things you need in Spanish is (circle one):

None Low Intermediate High

**ASSUMPTION of RISK and RESPONSIBILITY and INFORMED CONSENT
and LIABILITY WAIVER FORM for ALL PARTICIPANTS
and TRAVEL PERMISSION FORM for MINORS**

NOTICE:

This is a document that has bearing on your legal rights and responsibilities.
Please read this document carefully and seek independent legal advice as necessary.

PARTICIPANT UNDERSTANDING AND AGREEMENT:

In consideration of participating in a SERVICE LEARNING EXPERIENCE (hereinafter known as the SLE) organized and facilitated by COMPAÑEROS INC, I, the participant, and I, the participant's parent or guardian where the participant has not yet reached the age of 18 years of age, understand and agree to the following:

ASSUMPTION OF RISKS:

(1) I understand that participation in the SLE will take place in NICARAGUA for a period of time not exceeding 90 days and that this liability waiver shall be in effect between the period of time the participant arrives in and departs from NICARAGUA.

(2) During this period, I understand that the participant will be in unfamiliar surroundings and engaged in unfamiliar activities and will be exposed to risks to their person and/or possessions during the course of the SLE.

(3) I understand that the participant may suffer from any of, but not limited to, changes of schedule, homesickness, culture shock, dissatisfaction, differences in hygiene and sanitation, sickness, illness, physical injury, or death; and/or, damage to their possessions and/or property during the course of the SLE.

(4) I understand that the participant may suffer from using transportation modes that are below resident country standards of safety and comfort; and/or random accidents, crime, violence, government restrictions, civil unrest, war, or natural disaster, during the course of the SLE.

(5) Accordingly, I freely and voluntarily accept and assume all such risks, dangers and hazards and understand that COMPAÑEROS INC may not be able to ensure, despite its best efforts and due diligence, the participant's safety at all times from such risks, dangers, and hazards.

ASSUMPTION OF RESPONSIBILITY:

(1) I understand that it is the participant's responsibility to abide by all guidelines, rules, regulations, and policies applied by COMPAÑEROS INC as well as to abide by the laws of their resident country and NICARAGUA.

(2) I understand that it is the participant's responsibility to determine and arrange comprehensive out-of-country health, trip cancellation, trip interruption, and baggage insurance; and, that ample time has been provided in advance to examine the extent of risk and limitations of coverage.

(3) I understand that there may be certain matters for which the participant could be held at fault personally if the accompanying circumstances do not relate to or arise from the SLE, or if the participant's conduct fails to meet what would be a reasonable standard for an individual in their position.

ASSUMPTION OF RESPONSIBILITY (Continued):

In these cases the participant agrees to be accountable in all respects for their actions and not to seek or ask COMPAÑEROS INC or their agents, employees or shareholders to accept the consequences thereof. Further, the participant agrees to be responsible for any claims made against COMPAÑEROS INC in relation to such actions.

(4) I acknowledge that the participant has been advised by COMPAÑEROS INC of such risks, dangers, and hazards, and the need to act in a safe and responsible manner at all times. I understand that the participant has been given ample and sufficient opportunity to become aware of and question in writing and orally any and all aspects of the SLE.

(5) My signature below is given freely in order to indicate my understanding of the acceptance of these conditions and in consideration for the participant being permitted by COMPAÑEROS INC to participate in the SLE.

INFORMED CONSENT AND LIABILITY WAIVER:

I release and hold harmless COMPAÑEROS INC, and their agents, employees or shareholders from any and all expenses which I may incur while participating in the SLE, and any and all liability for any damage, loss, injury, or expense that I, or my next of kin, may suffer as a result of my participation in this SLE, due to and including, but not limited to, changes of schedule, homesickness, culture shock, dissatisfaction, sickness, illness, physical injury, or death caused by or related to differences in hygiene and sanitation, transportation modes, accidents, crime, violence, government restrictions, civil unrest, war, or natural disasters.

This waiver is effective for the period of time that the participant is participating in the SLE between the time of arrival in and departure from NICARAGUA. I understand that this agreement cannot be modified or interpreted except in writing and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of death.

TRAVEL PERMISSION for MINORS:

This signed document gives permission to GONZALO DUARTE and/or his agent to travel in CANADA, the USA, and NICARAGUA and across international borders as necessary with the full consent and authority of the minor’s parent or legal guardian.

STATEMENT AND SIGNATURE OF UNDERSTANDING AND CONSENT:

Gonzalo Duarte, COMPAÑEROS INC, and its agents, employees, and shareholders shall take all reasonable steps to protect the safety and security of the participants at all times and shall make arrangements and plan for contingencies to minimize the impact should any of the risks become realized.

I, the participant, and I, the participant’s parent or guardian where the participant has not yet reached the age of 18 years of age, have read and understood this Liability Waiver carefully and acknowledge its bearing on my rights and responsibilities.

Date and Place: _____

Participant Name: _____

Participant Signature: _____

If Participant = Minor

Parent/Guardian Name: _____

Parent/Guardian Signature: _____