Nursing Heart Inc | Asociación Corazón de Enfermería

Callejón Espíritu Santo #10, Antigua, Sacatepéquez, Guatemala
+502 4225 2767 | info@nursingheart.org | nursingheart.org

GENERAL LIABILITY WAIVER

Date: _____

CODE: ACEFAUBSN2

GROUP: Florida Atlantic University BSN

DATES OF PROJECT in Guatemala: May 4-11, 2019

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

This Release and Waiver of Liability (the "Release") is executed in favor of Nursing Heart Inc / Asociación Corazón de Enfermería, its affiliated organizations, directors, officers, employees, and agents (hereinafter referred to jointly as NHI/ACE).

I, _____, desire to be associated with *NHI/ACE* and to engage in the team project in Guatemala as set forth as follows: **Introduction to International Nursing** provides participants with a variety of opportunities within the context of health care in Guatemala. Participants will **participate in home visits and conduct wellness checks at a primary school, working under the supervision and license of Guatemalan doctors**.

I understand this may include, but may not be limited to, traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) to which I travel, and living and working in cultures and with people whose living conditions, social practices and values, and even attitudes toward foreigners may be significantly different from those in my home country and culture.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. General Waiver and Release. I, _____, release and forever discharge and hold harmless *NHI/ACE and all* affiliated organizations, directors, officers, employees, and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participating in the team project in Guatemala and related activities, whether such liability, claims, or demands results from travel, from disease, consumption of food, or from civil unrest or otherwise.

I understand and acknowledge that this Release discharges *NHI/ACE* from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in the study abroad program at *NHI/ACE*. I understand that *NHI/ACE* assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.

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2. Medical Treatment. I hereby release and forever discharge *NHI/ACE* from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/companions in connection with an emergency or health problem during my participation in the study abroad program.

3. Assumption of Risk. I understand that my participation in the *NHI/ACE* team project may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my travels, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom. I understand that Guatemala is on a geologically active fault so an earthquake or small tremors are possible.

4. I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release *NHI/ACE* from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with the NHI/ACE team project, whether suffered by me personally or by any of my accompanying dependents or companions.

5. Other. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I understand that any dispute concerning this Release or any aspect of my participation in the *NHI/ACE* team project shall be brought in the state or federal courts of Minnesota.

To express my understanding and acceptance of this release, I sign here in front of a witness.

TEAM MEMBER:

Name: (*please print*) _____

Signature: _____

Witness:

Name: (*please print*) _____

Signature: _____

Date: _____

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PERMISSION TO TREAT FORM

GROUP CODE: ACEFAUBSN2 2019

For persons taking medications and those with pre-existing conditions, it is your responsibility to monitor your healthcare. All medications, injections, or other treatments must be monitored and administered by the individual. Please understand we cannot control the contents of food products during travel. Should you have dietary allergies, you are ultimately responsible for inspecting all food for ingredients related to the allergy.

In the highly unlikely event you need professional medical treatment during our program, please provide your insurance carrier information and sign the release listed below which allows the sharing of medical information with our NHI/Asociación Corazón de Enfermería staff.

*Name of insurance provider: _____ *Phone number: _____

*Name of covered member: _____

*Group number: _____

*RX Group number if different: _____

Medical treatment, information sharing, and disclosure waiver

I do hereby give authorization to NHI/Asociación Corazón de Enfermería and its representatives and agents, to seek and provide medical service to me when deemed appropriate by its staff. I also give authorization to any medical facility and medical staff to share my personal medical information related to the current medical situation with any NHI/Asociación Corazón de Enfermería staff and its representatives and agents. I acknowledge and agree that all of the preceding requested information is necessary to ensure safe participation in the program and activities provided by NHI/Asociación Corazón de Enfermería.

*Signature: _____

*Print Name: _____

Date: _____

Witness Signature: _____

Date: _____

Note: NHI/Asociación Corazón de Enfermería or its agents reserve the right to decline to accept or retain any person as a participant in a team and project. NHI/Asociación Corazón de Enfermería does not discriminate based on race, national origin, age, disability, gender, sexual orientation, or any other category protected by applicable law.

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PHOTO RELEASE FORM

Permission to Use Photograph

Subject/Location: Travel to Guatemala -- May 4-11, 2019

I, (print name) _____, hereby grant permission to **Nursing Heart Inc / Asociación Corazón de Enfermería** representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of **Nursing Heart Inc / Asociación Corazón de Enfermería**.

I have read and understand the above.

Signature: _____

Printed name: _____

Date: _____