

SOA/WHINSEC PROTEST - FORT BENNING, GA.

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RELEASE AND WAIVER OF LIABILITY

[to be completed by student and parent/s or guardian/s (if under 18),  
school chaperones/moderators, and all travelers]

This release and waiver of liability (the Release) executed on this

\_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_ (student/traveler) and

\_\_\_\_\_ and \_\_\_\_\_  
(her/his parents/guardians) hereinafter "Guardian"

in favor of the trip to protest the School of the Americas/Western Hemisphere Institute for Security Cooperation in Fort Benning, GA hereinafter referred to as the SOA Protest, November 19-21, 2010.

The Student and Guardian or Traveler/Moderator/Chaperone (hereinafter "Traveler") desire that the Student/Traveler participate in the SOA Protest and the activities related to being a Protester. The Student and Guardian/Traveler do/does hereby freely, voluntarily, agree to the following understandings:

1. I/we understand that this is a supervised program and I/we agree to maintain any such group standards as the moderators/leaders may set forth, and further to indemnify the Inter-Faith Committee on Latin America (IFCLA) [and the student's school: \_\_\_\_\_] and its agents or contractors against any consequences which may ensue as a result of the refusal of the Student to comply with such regulations. I/we agree that the school moderators or leader reserve the right to enforce such rules, standards and instructions that are appropriate, and that the participation of the Student/Traveler in the SOA Protest may at any time be terminated by these personnel in light of failure to follow these regulations, or for any other reason which the personnel deem to be in the best interest of the group concerned in such a case. The Student or Traveler will be sent home at the Student or Guardian's expense in excess to the cost of the return trip as paid for in advance.
2. I/we understand that the Student/Traveler is responsible for exercising caution and common sense at all times to avoid injury.
3. I/we agree that any film likenesses taken of the Student/Traveler while participating in the SOA Protest and any statements made may be used in future materials published by the student's school, IFCLA, SOA Watch, or news media.
4. I/we hereby waive any and all claims against the student's school, IFCLA, and its agents or contractors, domestic and out-of-country, trip moderators, their heirs or their estate, arising from any death, injury, loss, damage, accident, delay, or expense to person or property incurred from the use of any vehicle or service, strikes, war, weather, sickness, government restrictions or regulations, or arising from any act of omission of any bus company, m/hotel, or any other service or transporting company, individual, or agency.
5. I/we also shall release the student's school, IFCLA, and its agents and moderators, the student's School Board or contractors from any financial obligations or liabilities that the Student /Traveler may incur or any damage or injury to the Student or to the person or property of others

that the Student may cause while participating in this protest, and I/we agree to indemnify them against any such financial obligations or liabilities.

6. I/we understand that the student's school, IFCLA, and its agents and moderators are not responsible for loss, theft, or damage to the belongings of the Student/Traveler or to the belongings of any other person.

7. If the Student becomes ill or incapacitated, I/we grant the student's school moderators or leader full authority to take whatever action they feel is warranted under the circumstances in regard to health and safety, including securing medical treatment and transporting the Student/Traveler (at the expense of the Student and/or Guardian/Traveler) on behalf of the Student/Traveler. The student's school and its moderators or the leader cannot be held responsible for the quality or timeliness of any such medical care received, not for any expense incurred.

8. I/we certify that the Student/Traveler is in good physical and mental health and that the Student/Traveler has no special medical or physical conditions, nor any special needs or requirements, which would impede participating in the protest, nor be of any harm or inconvenience to the Student/Traveler or to the participants. I/we understand that walking long distances in sun or rain or cold may be a required activity.

9. I/we certify that MEDICAL OR HEALTH INSURANCE COVERAGE IS IN EFFECT.

I certify that I accept all the terms and conditions stated above and have executed this RELEASE as of the month, day and year first above written.

\_\_\_\_\_  
Signature of Student/Traveler

\_\_\_\_\_  
date

For travelers under 18 yrs of age:

I/we certify that I/we am/are the parent/s or legal guardian/s of the Student, that I/we have read and that I/we understand that above agreements and that I/we accept and will be bound by its terms and conditions on my/our behalf of the Student and have executed this RELEASE as the of the month, day and year first above written.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
date

EMERGENCY CONTACTS (WILL BE AVAILABLE DURING TRIP DAYS)

(If your family or contact person will be out of town, be sure that the person can be reached and has emergency medical information)

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phones: day: (     ) \_\_\_\_\_

          evening (     ) \_\_\_\_\_

          cell (     ) \_\_\_\_\_

email: \_\_\_\_\_

Medical Insurance (**please carry insurance card with you**)

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medical Information:

Allergies:

Medications taken daily/regularly:

(some antibiotics/meds are sun sensitive – be sure to check with your pharmacist)

Special Needs:

Physician: \_\_\_\_\_

Office Phone: (     ) \_\_\_\_\_

Service Phone: (     ) \_\_\_\_\_