

**International Partners, Cassie Stern Memorial, Inc.**

**Consent To Participation By And Release  
And Indemnity By Participant  
("Consent And Release")**

I, \_\_\_\_\_, ("Participant") have voluntarily chosen to participate in a delegation to El Salvador sponsored by International Partners, Cassie Stern Memorial, Inc. ("Sponsor"). I am aware of a number of risks to my personal safety, all of which are beyond the control of the Sponsor, including but not limited to: the incidence of armed robbery and other criminal activity; public and private transportation, roads, and traffic conditions that do not meet the safety standards to which I am accustomed; sub-standard medical care; the absence of telephones or other means of prompt communication in the communities where I will be visiting; long distances that may separate the community where I am visiting from emergency services; lack of sanitation and exposure to parasites and diseases; and other substandard conditions that may be encountered in a "developing nation" environment.

I have read and understood the "IP Service Teams Policies and Guidelines", and I expressly assume the responsibility for educating myself about the risks of travel to and in El Salvador and, as against the Sponsors, individually and collectively, their officers, board members, employees, advisors, agents and representatives, I expressly assume all such risks, both known and unknown.

*Health Guidelines; Travel Advisory; Compliance*

I understand that I should review carefully (a) the applicable Health Guidelines for Participant's Program (*the "Health Guidelines"*) and (b) the US State Department Consular Information concerning travel to, in, and around Participant's Program country (*the "Travel Advisory"*), found at [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html). In signing this form, I acknowledge that I am responsible for complying with any recommended or required immunizations, precautions, and procedures set forth in the Health Guidelines and the Travel Advisory. In addition, Participant agrees to comply with these Conditions and with the policies and procedures of Sponsor as communicated to Participant from time to time.

*Permission for Emergency Treatment*

On rare occasions, a medical emergency arises. Hospital treatment and/or surgery may be required. In most cases, administration of an anesthetic, treatment of an injury, or operation upon an individual cannot be performed without the consent of the patient or, in the case of a minor, without the consent of the parent or guardian. To avoid delaying any procedure necessary to safeguard the health of Participant, you hereby grant permission to Sponsor to authorize medical treatment; administration of antibiotics, immunizations, anesthesia, and other medications; transfusions of blood products; and hospitalization and provision of medical treatment for Participant.

I, ON MY BEHALF, AND ON BEHALF OF MY HEIRS, ASSIGNS, REPRESENTATIVES, EXECUTORS, AND ADMINISTRATORS HEREBY RELEASE AND PROMISE TO HOLD HARMLESS THE SPONSOR, ITS OFFICERS, BOARD MEMBERS, EMPLOYEES, ADVISORS, AGENTS AND REPRESENTATIVES FROM ANY LIABILITY THAT MAY ARISE FROM ANY BODILY OR MENTAL HARM, INJURY, LOSS, OR ILLNESS (INCLUDING BUT NOT LIMITED TO DEATH) THAT MAY RESULT FROM MY PARTICIPATION IN THIS ACTIVITY, INCLUDING EMERGENCY MEDICAL TREATMENT, IN ALL TRAVEL TO, WITHIN, AND FROM EL SALVADOR, AND PRIOR TO MY DEPARTURE AND FOLLOWING MY RETURN, IN ALL ACTIVITIES IN ANY WAY RELATED TO MY ASSOCIATION WITH THE DELEGATION TO EL SALVADOR ORGANIZED BY THE SPONSOR. I HAVE READ THIS CONSENT AND RELEASE AND SIGN THIS AS AN ACT OF MY OWN FREE WILL. THIS PROVISION SHALL SURVIVE THE TERMINATION OF THIS CONSENT AND RELEASE.

*Health Clearance*

Participation is contingent upon the Sponsor's review of Participant's completed medical forms. Failure to disclose complete and accurate information on the medical form can result in dismissal from the program. Sponsor normally requires that all students participating in international programs show medical and psychological stability, as determined by Sponsor, for no less than six months prior to the group's departure date.

*Consent to Publicity*

I also consent to the use pictures of me in Sponsor's media, in whatever form, for all publicity purposes throughout the United States and the world.

*Dispute Resolution and Consent to Jurisdiction*

In the event of any dispute over the enforceability, interpretation and application of this Consent and Release, I agree that the laws of the District of Columbia shall govern and I consent to the jurisdiction of its courts for the purpose of resolving any dispute. If any portion of this Consent and Release should be deemed unenforceable, I intend that it be given the broadest possible interpretation and effect under the law with respect to every party to be released and held harmless and that such partial invalidity not affect the remaining provisions.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Please return to the : Attn: Trip Coordinator, International Partners, Cassie Stern Memorial, Inc., 1320 Fenwick Lane, Suite 400, Silver Spring, Maryland 20910

Attachment: IP Service Teams Policies and Guidelines