

Shepherd's Spring Global Gateway Program Participants must complete both sides of this WAIVER form. Group leaders will bring 2 copies: original goes to Shepherd's Spring Facilitation Team upon arrival and copy stays with leader during the program.

PARTICIPANT NAME: _____

SPONSORING ORGANIZATION: _____

GLOBAL GATEWAY PROGRAM Program Date: _____

Shepherd's Spring Disclosure and Acknowledgement of Risk

Shepherd's Spring and Heifer International's educational programs utilize experiential education to help participants "learn by doing". The program is facilitated by qualified instructors who have been trained in group facilitation techniques and approved safety procedures.

The program activities are designed to be within the capability of anyone who is in reasonably good health. Prospective participants who are not in good health, who have pre-existing conditions, or who have questions about the current status of their health should consult with their physician before participating. Consultation with a physician is recommended if you have any of the following conditions; nervous system disorders (epilepsy, seizures, etc), heart disease, respiratory problems (asthma, emphysema, etc), back or neck injuries, pregnancy, recent bone or joint injuries, recent surgeries, or judgment impairing medications.

The facilitators will take every reasonable precaution to assure participants' safety. However, any outdoor activity includes unforeseeable risks, including poisonous plants, wild or domestic animals, slips and falls, cuts, bruises, sprains, fractures and exposure to the elements. The nature of this program may also expose the participant to emotional risk. The undersigned knowingly and voluntarily assumes all risk of injury arising out of or in connection with the program, whether or not such risk are specifically foreseeable, including without limitation the following:

1. Physical exhaustion
2. Exposure to heat or cold
3. Ingress or Egress into or out of the Heifer Global Village area
4. Consumption of food prepared by group participation using ways and means authentic to Foreign Countries
5. All other conditions related to the program.

The undersigned warrants that he or she has undergone the necessary medical evaluation and certification that his or her physical condition and capabilities are sufficient to withstand the potential hazards and rigors of the program.

The undersigned waives any liability of Shepherd's Spring and/or Heifer International for participant/ group choices within the program. The undersigned covenants that he or she will not sue Shepherd's Spring or Heifer International or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the program. The undersigned agrees to indemnify Shepherd's Spring and Heifer International and provide a defense against any and all claims for any risks or injury arising out of or in connection with the program.

Further, Shepherd's Spring is hereby authorized to use the participant's likeness, through the use of, but not limited to photography, video, or film, for future promotional or public relation use, as deemed appropriate and beneficial to Shepherd's Spring and the undersigned releases any and all claims for compensation or damages for use of such images. Shepherd's Spring is hereby authorized to use the participants name and address for promotional purposes by Shepherd's Spring.

The undersigned hereby certifies that he or she releases any and all rights or claims for damages against Shepherd's Spring or Heifer International, its employees, agents, and all individuals assisting in instruction and conducting the programs, from all liability of any nature for any and all injuries, loss or damage suffered by the undersigned.

Participant Signature _____ **Date** _____

Parent/ Guardian Signature _____ **Date** _____

(Parent or legal guardian signature required if participant is under 18 – signature represents compliance with both sides of this form)

EMERGENCY MEDICAL INFORMATION (Waiver Form page 2 of 2)

Participant Information:

Name: _____ Birth date: _____

Home Address (Include City/State/ Zip) _____

Home phone: () _____

Medical conditions or special needs that might effect you participation in programming or would need to be known in case of emergency: _____

Medications you are currently taking; _____

Dietary restrictions: _____

Emergency Contact Information (other than traveling companion):

Name: _____ Relationship to you: _____

Home Phone () _____ Work Phone () _____ Cell phone () _____

Physician's name: _____ Office phone () _____

Date of Last Tetanus shot _____

Insurance: Shepherd's Spring requests each participant to be covered by sufficient health/ accident insurance. This coverage may be provided by a policy carried by the participant, a parent, a spouse, or the sponsoring organization (church, school, employer. Etc)

Insurance Company _____ Effective Date _____

Group ID Number _____ Individual ID Number _____

Name of Insured _____ Relationship to participant _____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and treatment that is deemed necessary by Shepherd's Spring staff or any paramedic, nurse, physician or dentist.