



Rising Villages
PO Box 27
Little Falls MN 56345
ph 320-632-5592
www.RisingVillages.Org

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| Travel Dates: from _____ to _____ |
|---|

Please complete these forms and return them to Rising Villages, Inc. PO Box 27,
Little Falls MN 56345. Enclose a photocopy of the photo page of your passport.

Date _____

Name _____

Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Areas of work experience _____

Allergies _____

Medications and for what condition _____

Health insurance provider _____

Coverage for foreign travel? _____ How many days? _____

Emergency contact #1 (relationship, address, phone number)

Emergency contact #2 (relationship, address, phone number)

Do you sponsor a child through Common Hope? _____

Child's name, gender, Sponsor number _____

Do you support a Catholic Scholarship through Rising Villages? _____

Child's name, gender, Scholarship number _____



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toll free: 866-336-6681
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Release of Liability Form Pg. 1

I, _____, hereby agree to abide by and adhere to the standards of ethical and professional conduct as set forth by Rising Villages.

I further state that I am participating as a volunteer to Guatemala of my own free and voluntary will and understand the risks involved in doing so.

In consideration for being allowed to participate in the volunteer program, I agree to hold harmless and release Rising Villages and its officers, directors, and employees from any liability due to accident, illness, death, injury, travel by air, travel by ground transportation or acts of violence that may occur. I agree that Rising Villages, its officers, directors, and employees are not in any way responsible for my welfare, well-being, safety, health, while participating as a volunteer.

I understand and am aware that my participation in the program may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of Rising Villages, their respective agents, employees, officers, directors, associates, affiliated companies, subcontractors, or cooperating agencies or organizations; and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance.

I am aware that my participation as a volunteer and my use of transportation, housing and dining services, and other goods and services in connection with my participation carry a risk of serious personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of injury, illness, death and property damage or loss that may result from my participation as a volunteer in and/or my use of goods and services in connection with my participation.

I accept all responsibility for loss or additional expenses, including, but not limited to delays or other unforeseen causes.



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Release of Liability Form Pg. 2

I understand that Rising Villages may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation during the volunteer program. In the event that I am unable to make my own medical decisions, a Rising Villages representative may have to make those on my behalf.

I further authorize the staff of Rising Villages to obtain emergency medical treatment under the supervision of a physician and/or surgeon, should treatment be necessary. I release Rising Villages from any claim whatsoever which arises on account of any first aid, treatment, or service rendered in connection with my activities with Rising Villages.

I further agree that if any illness, injury or bodily harm should come to me while participating as a volunteer, that Rising Villages is not financially responsible in any way for medical care, transportation or any other costs that should arise.

I further agree to conduct myself in accordance with Rising Village's policies on alcohol and general behavior. I authorize Rising Villages the right to release any photos or news about my experience through the organization.

This Release of Liability shall be effective for all orientation meetings, and for the entire duration of the trip, including passage to and from the United States of America.

Should any of the provisions of this Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Release shall nonetheless remain in full force and effect. This Release shall be construed under the laws of the State of Minnesota.

Signed: _____ Date: _____