



specific consent to the diagnosis, treatment or hospital care which is deemed advisable for the participant in the best judgment of a licensed physician or medical professional.

PAYMENT OF MEDICAL EXPENSES: I understand that I am responsible for any costs incurred for medical diagnosis or treatment that are not covered by insurance.

Insurance Information

Name of carrier: \_\_\_\_\_

ID or Group number: \_\_\_\_\_ Phone: \_\_\_\_\_

Signatures

Participant's Name	Signature	Date
Parent/Guardian (if under 18)	Signature	Date

## INSPIRE EDVENTURES LLC

### RELEASE AND WIAVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, the undersigned ("Participant"), hereby acknowledges that I have voluntarily applied to participate in the following Edventure ( \_\_\_\_\_ ) to be held in and Belize on or about \_\_\_\_\_ (insert date). In consideration for being permitted by Inspire EdVentures (IE) to participate in this EdVenture, I hereby acknowledge and agree:

**MY CONDUCT:** On the EdVenture, I agree to be mindful for my own safety, to maintain a personal awareness of my surroundings, to use discretion and caution in unfamiliar areas, to be respectful of the environment, to conduct myself in accordance with IE's policies and procedures, and to abide by all the rules and requirements of the EdVenture. IE has the right to terminate my participation in the EdVenture if it is determined that my conduct is detrimental to the best interests of the group.

I will attend to and assume responsibility of any legal issues or problems I encounter with any foreign nationals or government of the host country. IE is not responsible for providing any assistance under such circumstances.

**ASSUMPTION OF RISK:** I understand participation in an EdVenture program necessarily involves known and unknown risks, including (1) injury to me which includes, but is not limited to , serious personal injuries, illness, or disease; (2) my death; and (3) damage to my personal property or the property of other third parties. These risks are assumed by me during transportation to and from IE via private vehicle, common carrier and/or IE owed vehicle, during participation in the events of the EdVenture, during overnight accommodations, during inclement weather conditions, and as a result of latent or apparent defects in equipment, facilities or property conditions, and passive or negligent acts of myself, IE employees and property owners. I understand that the above list of risks is not complete or exclusive and that those and other risks, known and unknown, anticipated or unanticipated, may also result in injury, death or damage to my personal property or the property of other third parties. I agree and promise to accept my conduct responsibilities as outlined above, and the risk of injury or death to myself and damage to my property or the property of others arising from my participation in the EdVenture. IE cannot and does not guarantee

my safety. **I THEREFORE ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THE EDVENTURE PROGRAM, EVEN IF THEY ARISE FROM THE NEGLIGENCE OF IE, IE EMPLOYEES, BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THE EDVENTURE PROGRAM.**

**RELEASE OF LIABILITY:** By signing this release, I, on behalf of myself, **HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE IE**, its employees, and representatives for any and all liability, claims, demands, causes of action (known or unknown) suites, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage, or death that I may suffer as a result of my participation in the EdVenture. **REGARDLESS OF WHETHER THE INJURY, PROPERTY DAMAGE, OR DEATH IS CAUSED BY THE RELEASEES, AND REGARDLESS OF WHETHER THE INJURY, PROPERTY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE EDVENTURE, OR ANY ACTIVITY RELATED TO THE EDVENTURE, OCCURS OR IS BEING CONDUCTED.**

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are not health-related reasons or problems that preclude or restrict my participation in the Program. As required under the registration process, I have notified IE of any assistance I will need during the trip to accommodate a disability. I have obtained the required immunizations, if any.

I authorize in advance the representative of IE to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. IE may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and release IE from any liability for any actions.

**INDEMNITY:** I, on behalf of myself, agree to hold harmless, defend and indemnify the Releases from any and all liability, including and all claims, demands, causes of action (known and unknown), suits, or judgments of any and every kind (including attorneys' fees) arising from any injury, property damage, or death that I may suffer as a result of my participation in the EdVenture.

**MEDICAL CARE:** I am responsible for the cost of any and all medical and health services I may require as a result in participating in the EdVenture.

**PHOTO RELEASE:** I hereby grant IE permission to use my likeness in photographs taken as a part of the EdVenture Program in any and all of its publications, including website entries, without payment or any other consideration. These materials will become the property of IE and will not be returned.

**I HAVE READ THIS AGREEMENT BEFORE SIGNING BELOW AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES AN ASSUMPTION OF RISK, RELEASE OF LIABILITY, AN AGREEMENT TO INDEMNIFY THE RELEASEES, AND A PHOTO RELEASE. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF SANGAMON COUNTY, SPRINGFIELD, ILLINOIS WHICH SHALL BE THE FORUM FOR ANY LAWSUITS FILED UNDER OR INCIDENT TO THIS PROGRAM. BY MY SIGNATURE, I REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE OR, IF NOT THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.**

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

Signature of Parent/Guardian for participants under (18) years of age:

**I CERTIFY THAT I, AS A PARENT OR GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE ABOVE NAMED PARTICIPANT, CONSENT TO AND RATIFY PARTICIPANT'S RELEASE OF IE, ITS EMPLOYEES, REPRESENTATIVES, I RELEASE AND AGREE TO INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT OT MY MINOR CHILD'S PARTICIPATION IN THE EDVENTURE, EVEN IF ARISING FROM THE NEGLIGENCE OF IE, ITS EMPLOYEES OR REPRESENTATIVE BOTH KNOWN AND UNKNOWN, TO THE FULLEST EXTENT PERMITTED BY LAW. I HAVE READ THIS RELEASE OF LIABILITY, UNDERSTAND IT, AND FULLY AGREE TO ITS PROVISIONS.**

\_\_\_\_\_  
Parent/Guardian (if under 18)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

## Travel Insurance Waiver

Should you find it necessary to cancel your trip reservation ***after the cancellation date, no refunds will be issued.***

***Final Cancellation Date for this trip is:*** \_\_\_\_\_

We believe that your upcoming travel is a significant investment. For this reason, we strongly recommend that you purchase travel insurance. If you choose **not** to purchase travel insurance, you are assuming any and all financial loss associated with the class and trip charges.

\_\_\_\_\_ Yes, I will purchase travel insurance.

\_\_\_\_\_ No, I decline to purchase travel insurance and acknowledge that I am assuming all financial loss in the event that I cancel after the cancellation date.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MODEL RELEASE: AGREEMENT AND AUTHORIZATION FOR MODEL TO BE IN MEDIA**

Inspire Edventures LLC of  
PO Box 1635  
Boone NC 28605  
Email: info@inspire-edventures.com

For good and valuable consideration, the Model releases Inspire Edventures and assigns permission to license and use all images and sound recordings in any media and for any purpose. The Model agrees that Inspire Edventures has all rights to images and sound recordings for perpetuity. This agreement is irrevocable, worldwide and perpetual.

Model Name (Print): \_\_\_\_\_

Model Signature: \_\_\_\_\_

Date: \_\_\_\_\_