**2019 Qatar Leadership Mission**

**Release of Liability**

|  |
| --- |
| **Participant Name**: |
| **Complete Address**: |

**LEADERSHIP MISSION CONDITIONS (It is required that you initial the following space below)**

\_\_\_\_\_I certify that I have not recently been treated for, nor am I aware of any physical, psychiatric, or other condition or disability that would create a hazard to myself or other members of the Leadership Mission.

|  |
| --- |
| My health insurance policy # is: |
| Insurance carrier: |

**PARTICIPANT CONDUCT**

On the Leadership Mission, I agree to be mindful of and responsible 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 the Leadership Mission policies and procedures, and to abide by all the rules and requirements of the Leadership Mission. The World Affairs Councils of America has the right to terminate my participation in the Leadership Mission if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Leadership Mission policy, or for any other reason in the World Affairs Councils of America’s discretion. Failing to follow rules of the Leadership Mission policy, staff, or the code of conduct may result in disciplinary action and may subject me to additional risks associated with international travel.

**ASSUMPTION OF RISK**

I fully understand and appreciate that travel to foreign countries involves inherent risks and dangers and that despite precautions, accidents, injuries, and other harm can occur. I understand that we may encounter inadequate medical treatment facilities or facilities which may be of a lower standard than what might be expected in the USA, and that we may encounter foreign cultures and people whose living conditions, food, social practices, values, and attitudes toward foreigners may be significantly different than those in my home country and possibly hostile. **I understand that the World Affairs Councils of America does not and cannot guarantee my safety. Therefore,** **I ASSUME ALL RISKS RELATED TO my participation in the Leadership Mission**, **INCLUDING RISKS THAT MAY ARISE FROM THE NEGLIGENCE OF THE WORLD AFFAIRS COUNCILS OF AMERICA OR ITS members, directors, trustees, officers, employees, PARTNERS, affiliates, OR OTHER agents**, including but not limited to:

Death, injury, or illness from accidents of any nature whatsoever that may occur as a result of participating in the Leadership Mission or contact with physical surroundings, environment, equipment, or other persons.

Death, injury, or loss as a result of criminal or other acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, or other act of government or authority.

Death, injury, or loss as a result of any natural disaster, human-caused disaster, or other events.

Theft, loss, or damage of any personal property during the Leadership Mission.

Alteration or delay, extension, or cancellation of the Leadership Mission, due to natural disaster, civil unrest, war, terrorist attack, medical quarantine, or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Leadership Mission and facilities, accommodations, travel, equipment, or services used in association with the Leadership Mission, and that the above list in no way limits the extent or reach of this Release and covenant not to sue. I understand that my consent and waiver, and my participation in this Leadership Mission, constitutes an acceptance of all such risks.

**GENERAL WAIVER AND RELEASE**

I, on behalf of myself, my spouse, heirs, representatives, executors, administrators, successors, and assigns (“Successors”), in consideration of my participation in the World Affairs Councils of America’s Leadership Mission to Qatar in October hereby forever release, discharge, and hold harmless the World Affairs Councils of America, its members, directors, trustees, officers, employees, partners, affiliates, and other agents (collectively, the “Releasees”), from any and all claims, demands, actions, liabilities, expenses, damages, or losses of whatever kind or nature, whether in law or in equity, whether based upon contract, tort, negligence, strict liability, or any other legal theory whatsoever, arising from or relating to my participation in the Leadership Mission, including, without limitation, death, sickness, or injury from whatever source, legal entanglements, imprisonment, criminal acts of third parties, governmental actions, civil unrest, natural and human-caused disasters, war, or other causes of any kind which might occur while I am participating in the Leadership Mission in either the country of origin, destination, or through-passage, or such as may hereafter arise as a result of or in any way related to my participation.

Medical Conditions. I hereby release and forever discharge the Releasees from any liability or responsibility for any physical or psychiatric health condition I have.

Medical Treatment. I hereby grant the Releasees and each of them individually full authority to take, or not to take, in their sole discretion, whatever actions any of them may consider warranted under the circumstances for my health and safety during my participation in the Leadership

Mission, and I hereby release and forever discharge the Releasees from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency or health problem during our participation in the Leadership Mission.

Medical Insurance. I understand that the World Affairs Councils of America does not provide medical insurance coverage for me. I hereby certify that I will be responsible for any medical costs I incur during or as a result of my participation. I acknowledge that I have been advised to purchase medical insurance for myself in connection with my participation in the Leadership Mission.

Other Insurance. I understand that the World Affairs Councils of America does not provide travel, disability, or other insurance coverage for me. I hereby certify that I will be responsible for any travel or other insurance costs I incur during or as a result of my participation. I acknowledge that I have been advised to purchase travel insurance for myself in connection with my participation in the Leadership Mission. I understand that the World Affairs Councils of America assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to travel or other insurance to protect me against any injury to person or loss or damage of property.

Voluntary Participation. I understand that participation in this program is strictly voluntary, and I freely choose to participate.

Knowledge of Risks. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Leadership Mission and the use of facilities, accommodations, travel, equipment, or services in association with the Leadership Mission that I am knowingly and voluntarily assuming all risks, whether known or unknown that may arise during my participation.

General Release. **I ACKNOWLEDGE AND agree that the waiver and release set forth herein is intended to be a general release of all claims, as broad and inclusive as permitted under law.**

**Other**. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

I hereby certify that I am legally competent to sign this Release.

I understand that the terms of this Release are legally binding, and I certify that I am signing this Release after having carefully read its terms and had a chance to consult with an attorney of my choice.

This Release is made in consideration of the World Affairs Councils of America permitting my participation in the Leadership Mission and the use of any and all facilities, accommodations, travel, equipment, or services associated with the Leadership Mission.

I understand that this Release cannot be modified except in a writing signed by me and by the World Affairs Councils of America, and that no oral modification shall be valid. This Release is and shall be effective and binding upon myself and my Successors.

In witness whereof, I have affixed my signature to this Release in the presence of a witness.

|  |
| --- |
|  |

Participant Signature: Date:

**Witness:**

|  |
| --- |
|  |
| Name (Please Print): | |

Signature: Date: