

**BUFFALO GROVE ROTARY CLUB
2017 GUATEMALA SERVICE PROJECT APPLICATION**

Name (exactly as shown on passport): _____

Home Address: _____

City _____ State _____ Zip _____

Tel: (Home) _____ (Cell) _____

E-mail: _____

Passport No: _____ Country _____ Exp Date: _____ (PLEASE ATTACH COPY)

Date of Birth: _____

Emergency contact: _____ Tel: _____

Rotary Club Affiliation (member or guest): _____

Do you have any physical or health concerns or work limitations?

Do you have skills (medical, education, construction, etc.) that you would like to use?

Spanish fluency: _____ Requested roommate: _____

I will participate in:

_____ **TRIP 1 Saturday March 11, 2017 – Sunday, March 19, 2017**

_____ **TRIP 2 Saturday March 25, 2017 – Sunday, April 2, 2017**

Teams are limited to 24 people. Applications will be accepted on a first come, first served basis.

Total cost of the trip is \$1700: First deposit of \$500 due by November 15, 2016
Second deposit of \$700 due December 15, 2016
Final deposit of \$500 due January 15, 2017

Send your completed APPLICATION, WAIVER, FIRST DEPOSIT, and a copy of your PASSPORT by November 15, 2017 to Dan Wolf, 314 N. McHenry Rd., Buffalo Grove, IL 60089

Make checks payable to "Rotary Club of Buffalo Grove" and write "Guatemala 2017" on the memo line.

Any questions? Feel free to contact:

Dan Wolf
dewolf@swbattorneys.com
cell (847) 764-8676

Stephen Legge
slegge13@gmail.com
cell (847) 997-2427

-or-

2017 Guatemala Service Project

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

PLEASE READ THIS STATEMENT CAREFULLY. IT AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES IN CONNECTION WITH THE 2017 GUATEMALA SERVICE PROJECT.

I, (print full name) _____, am voluntarily participating in an international service project in Guatemala (the "Program"). I acknowledge and understand that in consideration for my being permitted to participate in the Program, I do hereby, for myself, my spouse or partner, and the other members of my family while I am alive, and for my heirs, assigns, and personal representatives after my death, ASSUME THE RISK OF PARTICIPATION in the Program.

I understand that there will be extensive air, land and water travel to get to and from the service site, that I will or may be involved in construction activities involving the use of tools, that I will or may be in mountainous, jungle or other unfamiliar environments, and that I will or may participate in physical demanding activities.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I hereby WAIVE, and I RELEASE AND FOREVER DISCHARGE Rotary International, The Rotary Foundation, all Rotary districts, all Rotary clubs (including but not limited to the Rotary Club of Buffalo Grove) and their respective officers, directors, members, employees, and agents and all Program volunteers, whether accompanying said Program or otherwise (hereinafter referred to as the "Released Parties") of and from, any and all claims, demands, actions or causes of action on account of any injury, damage or loss to me or my property or on account of my death which may occur from any cause during or in connection with the Program; and I expressly covenant and agree to refrain from bringing any suit, claim or other proceeding at law or in equity, or otherwise as provided by law, against any of the Released Parties, on account of any and all such claims, demands, actions or causes of action. I further AGREE TO INDEMNIFY AND HOLD HARMLESS all Released Parties from any loss, liability, damage or expense, including court costs and attorney's fees, that they may incur due to my negligent or willful acts or omissions while participating in the Program.

I have performed such research as I deem necessary and sufficient (including consultation with medical professionals) with respect to travel to Guatemala generally and the Project specifically.

I HAVE READ THE FOREGOING WAIVER OF LIABILITY, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT FULLY, AND SIGN IT VOLUNTARILY. I am at least twenty-one (21) years of age and fully competent (and if not twenty-one, my parent(s) or guardian(s) have read and agree with the terms of this Waiver of Liability and Hold Harmless Agreement).

Participant signature

Date _____

Parent or guardian must also sign if Participant is under age 21:

Parent/Guardian signature

Date _____