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**AMERICAN FRIENDS OF SOAS, INC. (“AFSOAS”):**

**“Alumni & Friends Trip: Ghana 2018”**

**APPLICATION FORM**

*To reserve a space, please complete and return this form with your non-refundable deposit of $500 payable to “American Friends of SOAS.” We will not process your deposit until you are first assigned a place on the trip. You may email a scanned (.pdf or .jpg format) version of your completed form to* [*afsoas1@gmail.com*](mailto:afsoas1@gmail.com) *to secure your spot or mail your completed application & supporting documentation to:* ***American Friends of SOAS, PO Box 2744, Orange, CA, 92859****.*

**I. PERSONAL DETAILS**

Permanent Address Information:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOAS Alumni? (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_ Degree Title/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Graduation / Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I prefer single accommodations (*will incur an additional cost of $500/person; due to limited space this is not guaranteed, and if necessary, you will be assigned a rooming partner of the same gender*)

I plan to share accommodation with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I plan to share accommodations with a roommate (*of the same gender*) to be assigned at random

**II. PASSPORT INFORMATION**

Your name exactly as it appears on your passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\****Please attach a copy of the photo page of your passport with this application form***

**III. HEALTH INSURANCE**

Insurance Carrier (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overseas coverage? (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\****Please attach a copy of your insurance of overseas coverage***

***with this application form, if applicable***

**IV. PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alternate Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**V. LANGUAGES**

Do you speak any foreign languages? If so, please list and indicate your proficiency / ability level (*ie: Beginner, Intermediate, Conversational, Fluent, etc.*)

Language 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ability Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMERICAN FRIENDS OF SOAS, INC. (“AFSOAS”):**

***MEDICAL INFORMATION AND CONSENT TO TREATMENT***

Please complete this form in its entirety. If you print the information rather than typing it, make sure that you print clearly and legibly. Attach additional pages as necessary. Finally, please date and sign the form and then send along with your application form.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name, address and telephone number of your physician:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all allergies, including medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I hereby consent to any reasonably necessary emergency medical treatment by any duly qualified physician or health care professional in the event that I am unable to orally provide such consent at the time of injury or illness.**

Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**AMERICAN FRIENDS OF SOAS, INC. (“AFSOAS”):**

***PARTICIPANT CONSENT LIABILITY & WAIVER RELEASE***

TRIP TERMS & CONDITIONS

**GENERAL**

1. Please be sure to complete both sides of this form. Space on this journey is limited and registrations are accepted strictly on a first come, first served basis.
2. Registration and payment imply acceptance of the terms and conditions described herein.
3. Registration and payment waive and release American Friends of SOAS, Inc., its affiliates, directors, officers, employees, including any person or entity employed or utilized by them, from all claims arising from any injury, loss, damage, accident, delay or expense resulting from events beyond their control, including, without limitation: natural disasters, war, strikes, incidents of politically-motivated violence, sickness or quarantine, government restrictions or regulations, and in the absence of its own gross negligence, arising from the use of any vehicle or from any act of omission by any bus or car rental agency, airline, taxi or tour service, hotel, restaurant, or other firm, agency, company or individual.
4. American Friends of SOAS, Inc. reserves the right to substitute hotels, airlines, activities or excursions in response to changes in availability, local events or weather conditions, provided such substitutions do not adversely affect the overall quality of the tour. Such substitutions do not constitute grounds for withdrawal with full refund.
5. Conduct during the trip: All participants are expected to behave in an exemplary and competent manner at all times, respecting local cultures and people, and abiding by all laws, rules, and regulations of the host country.
   1. You are responsible for respecting the authority and following the directions of the Trip Lead, tour guides and/or any representative of the organization, and the laws of the countries in your itinerary.
   2. We may exclude you from participating in all or any part of the tour if, at our sole discretion, your condition or behavior renders you unfit for the tour or unfit for continuation once the tour has begun. Unfitness may include, without limitation, any behavior that, regardless of its cause, is inappropriate or offensive or interferes with the delivery of tour services, or may constitute a hazard or embarrassment. In such case, our liability shall be strictly limited to refund of the recoverable cost of any unused portion of the tour.
   3. Should you decide not to participate in certain parts of the tour or use certain goods included in the tour, no refunds will be made for those unused parts of the tour or goods.
6. The use and consumption of illegal drugs is strictly prohibited. This policy will be strictly enforced, and any violation of this policy will subject the participant to immediate expulsion from the trip without reimbursement.

**PAYMENT SCHEDULE & REFUND POLICY**

1. A check deposit of $500 made payable to “American Friends of SOAS” must accompany this completed form to secure your spot on the trip.
2. The remaining trip balance may be paid at any time up to 45 days before the scheduled trip start date / date of arrival in-country.
   1. Failure to pay within this timeline, unless otherwise discussed and approved in writing by a qualified representative of American Friends of SOAS, Inc., will result in forfeiture of your deposit and/or any other funds received toward your trip program fee.
3. If you choose to pay your trip deposit and/or program fee balance online (via PayPal), a processing fee of 2.2% of the total amount will be added to your total balance due.
4. Participants who prefer to have single accommodation throughout the trip must pay a supplemental fee of $500.
   1. Due to limited space and logistical constraints, single accommodation cannot be guaranteed for every hotel and every hotel. Whenever such accommodation arrangements are not possible, you will be assigned a rooming partner of the same gender and will be reimbursed for the actual difference in cost between single and double accommodation for any affected night.
5. Participants who withdraw more than 60 days prior to tour departure will receive a refund of all monies received by American Friends of SOAS, Inc. less a $500 cancellation penalty and any prorated expenses incurred.
6. Participants who withdraw 60 days or less prior to tour departure will receive no refund from American Friends of SOAS, Inc.
7. All cancellation requests must be received in writing.
8. There is no provision for refund for any activities missed due to the participant’s absence once the tour has started.
9. Comprehensive travel insurance is not included in your tour package. American Friends of SOAS, Inc. strongly advises that you purchase travel insurance for your upcoming trip.

**INCLUSIONS & EXCLUSIONS**

1. The trip program fee for this trip (GHANA: January 27th – February 6th, 2019) covers all of the following expenses:
   1. Double room / shared accommodation for 10 nights at mid-range hotels
   2. All meals (breakfast, lunch, and dinner) and bottled water for the duration of the trip itinerary (11 days)
   3. Basic emergency medical evacuation insurance (through United Healthcare)
   4. All scheduled activities and related entry & participation fees
   5. Local transportation (through a privately hired vehicle & driver) for the duration of the trip itinerary (11 days)
   6. Essential tips for hotel and restaurant staff, drivers, guides, etc.
   7. A Trip Lead (ie: AFSOAS representative) who will manage all itinerary-related logistical arrangements and issues for the duration of the trip
2. The following are not included in the trip program fee and are the sole responsibility of the participant to cover:
   1. Roundtrip airfare (arriving at and departing from Accra International Airport) to and from the participant’s chosen departure airport
   2. Passport fees and immunizations
   3. Visa for Ghana
   4. Any travel, medical, or other insurance
   5. Excess baggage charges
   6. Alcoholic beverages
   7. Any personal shopping
   8. Any additional tips for any hotel or restaurant staff, drivers, guides, etc.

**GOVERNING LAW**

1. This Consent Liability & Waiver Release, Medical Information and Consent to Treatment form, and Volunteer Application form shall be governed by, construed, enforced, and the legality and validity of each term and condition shall be determined in accordance with the internal, substantive laws of the State of Virginia, applicable to agreements fully executed and performed entirely in Virginia.
2. In the event suit is instituted against any party to this Agreement or any other agreements with American Friends of SOAS, Inc., the sole jurisdiction and venue for such action shall be the Superior Courts of the County of Fairfax, State of Virginia.
3. I have carefully read this Agreement and fully understand its content and agree to abide by its terms and conditions.

**PARTICIPANT ACKNOWLEDGEMENTS**

1. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I am in good health, with no present medical or psychiatric conditions requiring treatment. I have no activities limited by a physician. I have no chronic or recurring illness.
2. I acknowledge that through this program I will be traveling to a country where there is a possibility of war, internal conflict, crime, disease, and general unrest.
3. I have my own health insurance, travel insurance, and will look only to them for reimbursement of any expense incurred. I understand that American Friends of SOAS, Inc. has no insurance of any type which covers me, except for basic emergency medical evacuation insurance.
4. I will hold American Friends of SOAS, Inc., its Board of Directors, officers, designated Trip Lead, and any members or representatives (hereafter known as “Releasees”) harmless from any and all injuries, accidents, or losses that may befall me whether from natural or manmade causes, foreseeable or unforeseeable, expected or unexpected.
   1. I further agree that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives will not make a claim against, sue or attach the property of or make any other demand on “Releasees” on any of their affiliated organizations for injury or damage resulting from negligent behavior or acts of their affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this trip.
5. I assume full responsibility for my own safety, health, and wellbeing during my flights and/or other travel to and from any residence, my time in the program host country, and other countries on my way to and from the trip and at/during all activities throughout the trip. I am voluntarily participating in this trip with knowledge of the danger involved and hereby agree to accept any and all risks of injury associated therewith including, but not limited to, personal injury, bodily injury, or death.
6. The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed has been made to the undersigned, and that this Consent Liability & Waiver Release agreement contains the entire agreement between the parties hereto, and that the terms of this Consent Liability & Waiver Release agreement are contractual and not merely recital and is binding on all parties.
7. I understand and acknowledge that I may seek advice from legal counsel if I have any doubt before signing this Consent Liability & Waiver Release agreement. By signing this agreement I acknowledge that I have either sought the advice of legal counsel or wish to now intentionally waive the opportunity to talk to a lawyer by my signature on this Agreement.
8. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in it. I represent that if there is any word or phrase that I did not understand, that I have sought the advice of an attorney or other person for an explanation. I acknowledge that neither I nor my heirs or representative will later claim in the event of injury, death or property, damage, that I did not understand what I was signing in this Agreement.
9. I agree to hold harmless and indemnify (reimburse) the parties being released for any costs or attorney’s fees that may be incurred as a result of any challenge to this Consent Liability & Waiver Release agreement or legal action brought in contravention of this agreement, in litigation resulting from my injury, death or property damage, in connection with any trip with American Friends of SOAS, Inc.
10. This agreement is a fully integrated, final and complete statement of the agreement I have entered into. If any provision of this Release is declared invalid, the remaining provisions remain enforceable.
11. This Consent Liability & Waiver Release agreement, when signed, shall be valid for 24 months.

**KNOWING AND VOLUNTARY EXECUTION**

I HAVE CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND/OR AFFILIATED ORGANIZATIONS AND SIGN THIS OF MY OWN FREE WILL AFTER BEING FULLY APPRAISED OF THE DANGERS AND RISKS INVOLVED.

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Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name