

Refuge International
General Release, Waiver, and Assumption of Risk

**Please read this general release, waiver, assumption of risk agreement.
CAREFULLY before signing it. It is a legal document which affects your legal rights. Please
consult an attorney if you have any questions before you sign it.**

I, _____ acknowledge that I have applied to work as a volunteer with Refuge International. I am aware and acknowledge the work of Refuge may involve hazards to my health or life, and dangers which may include risk of injury, illness, or death. As a volunteer, I understand that there are additional dangers inherent in travel in foreign countries including but not limited to traveling in light airplanes, the possibility that adequate medical facilities may be unavailable should I require them, being resident in and subject to the laws of another country, the chances for crime, terrorism, violence, political unrest or guerilla activity as well as unsanitary health conditions and exposure to disease (i.e. hepatitis, malaria, cholera, polio, and others). I voluntarily agree to assume all of the above risks, and all other risks associated with my participation in the work of Refuge, whether known or unknown. As consideration for being allowed by Refuge to participate in its work, I hereby release and forever discharge Refuge, their directors, officers, agents, employees, volunteers, attorneys, representatives, assigns and affiliates for any and all claims and demands of whatever kind or nature whether known or unknown that arise out of or are connected in any way whatsoever with my voluntary participation in the work of Refuge. I also hereby release and forever discharge Refuge, their directors, officers, agents, employees, volunteers, attorneys, representatives, assigns, and affiliates for any and all claims and demands of whatever kind of nature, known or unknown, arising from or connected in any way whatsoever with any first aid, medical treatment or services rendered me during my participation in or in any way related to Refuge work. I understand and agree that I am not an employee of Refuge. My work is voluntary only. I understand and agree that Refuge is under no obligation to provide, and does not provide, workers compensation, or malpractice insurance, nor any other employee benefits of any kind. I understand and acknowledge that this agreement is a binding legal document that affects my legal rights and remedies. I understand that this agreement binds not only me but my spouse, children, heirs, representatives, distributes, guardians, and assigns. I understand and agree that this agreement is intended to be interpreted as broadly and inclusively as permitted under the laws for the State of Texas. If legal proceedings are filed, I understand they will be tried only in the State of Texas, and any proceedings will be brought and conducted only the District Court of the State of Texas in and for the County of Upshur. I agree to be subject to personal jurisdiction and venue in the State of Texas, County of Upshur, and waive any right I may have to commence any litigation, administrative actions or arbitration concerning the work of Refuge in any form other than the District Court of the State of Texas in and for the County of Upshur.

I understand and agree that if any clause, sentence or provision of this agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the unenforceability or invalidity of such clause, sentence, or provision shall not affect the validity or enforceability of the remaining terms. I understand and agree that the terms of the agreement are contractual and are conditions precedent to my participation in the work of Refuge and not mere recitals. I understand this agreement may only be modified in writing by both Refuge representative and myself, and may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I HAVE HAD THE OPPORTUNITY FOR LEGAL REVIEW OF THIS BINDING DOCUMENT AND CHOOSE TO SIGN IT VOLUNTARILY, CREATING A LEAGAL CONTRACT BETWEEN REFUGE INTERNATIONAL AND MYSELF.

VOLUNTEER

SIGNATURE _____ DATE _____

PRINT NAME AND ADDRESS _____

Consent for Medical Treatment

I _____ will notify the team leader(s) of Refuge International should I require medical attention. I will allow team leader(s) of Refuge International to secure the hospital, doctor, and anesthesiologist for emergency surgery and/or treatment if it becomes necessary for my life or safety.

Signature _____

Please mail completed waiver, consent, and deposit to:

**Refuge International
104 N. Montgomery
Gilmer, Texas 75644**

Please also include copies of your passport and medical license.
