



## ASSUMPTION OF RISK AGREEMENT

This agreement is entered into by and between **CREATIVE LEARNING, INC.** (hereinafter, “**CL**”), a not-for-profit organization organized and existing under the laws of Washington D.C., having its principal place of business at 5225 Wisconsin Avenue, NW, Suite 104, Washington, DC 20015, and

\_\_\_\_\_.

Under the Global Education Initiatives Bayanihan Summer Internship Program (CL Program) for which I have voluntarily registered, I acknowledge that I will participate in activities that may be outside of the United States. Often, the locations of CL programs are in countries that are referred to as developing countries and the conditions may be difficult and strange to me. I understand that I may be called upon to exercise extra care for my own person and belongings at any time during my participation.

I have informed myself of the conditions in the countries and locations where I will be during my participation in the CL program, or I have had the opportunity to do so. Additionally, I have had the opportunity to obtain or request more information about the risks I may face. I have consulted with appropriate medical personnel, and I have determined that my health is adequate to participate safely in CL’s program.

I understand and recognize that CL is a charitable organization and that participation in the program is at all times voluntary.

I recognize and accept that there are inherent risks that I must assume when I partake in a program that provides the opportunity to participate in providing humanitarian and educational assistance. I recognize, acknowledge and agree that CL does not assume any responsibility for injury, sickness, personal health, or death, or loss or damage to property while I participate in any CL program. I acknowledge that in the course of my participation in a CL program, including travel to, from and during the program, I may encounter difficult conditions and may be subjected to hazards and risks, foreseen and unforeseen. These hazards and risks may be caused or alleged to be caused by a variety of difficulties of travel or residing in locations away from my residence, or by individuals either affiliated with or not affiliated with CL.

**By choosing to participate in this CL program, I agree to assume any and all liabilities associated with personal injury, death, property loss or other damages which may result from or arise out of my participation in CL’s volunteer program.**

By signing below, I agree that I have read and understand that my participation in the CL program involves hazards and risks, foreseen and unforeseen, and that I am prepared to accept those risks. **Accordingly, I hereby release CL (including all of its personnel, agents, affiliates, partner organizations, partner universities, staff and directors) from any and all liabilities for claims of any type or**

**description, including those with respect to any injury or losses, including personal injury, sickness, disease, or death or damage to person or property that I may incur.**

**This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by CL or its representatives. Apart from that exception, this release applies to any and all liability for claims, of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees, expenses, or damages of any kind, of mine or my estate. In the event that some other person or entity seeks compensation for claims as to which I have released CL from liability by executing this Agreement and Release, I or my estate will indemnify and hold CL harmless for all sums reasonably incurred in response to such claims.**

I understand that if any provision of the Agreement is declared by any judicial or other competent authority to be illegal, void, voidable, or otherwise unenforceable, or indication of the same is received by either of the parties from any relevant competent authority, such provision shall be deemed severed from the Agreement and the remaining terms of the Agreement shall remain in full force and effect. I agree to this.

PARTICIPANT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR PARTICIPANTS UNDER THE AGE OF 18, PARENTS OR LEGAL GUARDIANS MUST ALSO SIGN BELOW:

PARENT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

For Creative Learning Use Only: