



MY MOTHERLAND INTERNATIONAL TRAVEL PROGRAM PARTICIPATION, WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

THIS DOCUMENT MUST BE READ CAREFULLY BY BOTH THE PARTICIPANT AND
THEIR PARENT OR LEGAL GUARDIAN (IF UNDER 18) BEFORE SIGNING.

Participant Information

Participant's Name: _____

Date of Birth: _____

I, the participant, have voluntarily chosen to take part in the **My Motherland 'Trips with Purpose' International Program** to be held in **Zimbabwe** from _____ to _____. As part of this program, I agree to abide by the terms and conditions outlined below.

Rules and Requirements

As a participant, I agree to:

1. **Follow all rules** set by My Motherland and comply with the laws and customs of the destination country.
 2. Participate in **all activities** planned by My Motherland leaders and local partners.
 3. Respect the **local culture** and act in a manner that positively reflects on My Motherland and my home community.
 4. Disclose any relevant **medical conditions** or psychological factors that could impact my participation or the well-being of others.
 5. Comply with the expectations outlined during **pre-trip orientation** and agree that violating these rules may lead to removal from the program at my own expense.
-

Informed Consent

I understand that international travel involves inherent risks, including but not limited to:

- Crime, civil unrest, terrorism, or natural disasters.
- Accidents or injuries while traveling or participating in activities.
- Limited access to medical care of the same standard available in the U.S.

I acknowledge that these risks are beyond My Motherland's control. I agree to educate myself about the destination using resources such as the U.S. Department of State's travel advisories at www.travel.state.gov.

Release and Waiver of Liability

I, on behalf of myself, my family, and my heirs, hereby **release and hold harmless** My Motherland, its leaders, volunteers, employees, and partners from all liability for any injury, illness, damage, or loss incurred during the program unless it results from their **gross negligence or intentional misconduct**.

Assumption of Risk and Indemnification

In participating, I assume full responsibility for any risks—foreseen or unforeseen. I agree to **indemnify and hold harmless** My Motherland from any claims or costs arising from my participation, including legal fees.

Medical Authorization and Emergency Procedures

In case of a medical emergency, I authorize My Motherland representatives to:

1. Administer basic first aid.
2. Arrange for transportation to the nearest medical facility.
3. Make necessary decisions in consultation with local healthcare providers.

Participant's Health Insurance Provider: _____

Policy Number: _____

Behavior Expectations

Participants must meet the following behavior expectations:

1. Follow the instructions of My Motherland leaders and local guides at all times.
2. Treat all people with **respect** and conduct themselves with **cultural sensitivity**.
3. Be on time and actively participate in all activities.
4. **Refrain from alcohol, drugs, or inappropriate behavior** during the trip.
5. Always **travel with the group** or with designated leaders.

Failure to comply with these expectations may result in early dismissal from the program at the participant's or family's expense.

Participant and Parent/Guardian Signatures

Participant's Full Name: _____

Participant's Signature: _____

Date: _____

If the participant is under 18, a parent or guardian must also sign:

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

Date: _____

Permission for International Travel

Participant's Name: _____

Destination: _____

Departure Date: _____

Return Date: _____

I, the undersigned parent or guardian, give permission for my child to travel with **My Motherland** to the destination outlined above. I authorize the leaders of My Motherland to make necessary adjustments to the itinerary due to unforeseen events and grant permission for emergency medical care if needed.

Parent/Guardian Signature: _____

Date: _____

Health Information Form

Participant's Name: _____

- **Medical Conditions/Allergies:** _____
- **Medications (including dosage and frequency):** _____
- **Emergency Contact Name:** _____
- **Emergency Contact Phone Number:** _____

By signing below, I confirm that the above health information is complete and accurate. I will notify My Motherland of any changes to the participant's health status prior to or during the trip.

Participant's Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____
