



WILDLIFE INSTITUTE

Wildlife Institute/Belize Wildlife & Referral Clinic Internship Program Liability Waiver Form

Waiver of Liabilities and Program Participation Agreement

Please read the following Waiver and Participation Agreement carefully. This waiver and participation agreement defines the terms and conditions of your trip to Belize to participate with the Belize Wildlife and Referral Clinic (BWRC) and the Wildlife Institute (WI). Your health and safety are critical to us. Initial each page and sign your full name at the end of the document. Your initials and signature signify that you have read this document, understand its contents, and agree with the terms stated herein.

I, _____, a resident of _____, born on _____, hereby volunteer to participate in courses, internships, field trips or other activities associated with the BWRC and WI in Belize and abroad. My initials and signature on this document indicate that I agree to the following terms, conditions and regulations governing activities undertaken during my stay in Belize and abroad.

General

I understand that Belize, and other countries in Central America, are developing countries with limited resources in the areas of health, medicine, security, and transportation. I have been informed that the activities involved in the BWRC/WI program(s) may expose me to certain risks not normally encountered in my home country. These risks include, but are not limited to, the exposure to the sun, heat, ambient conditions, tropical climates, infectious diseases plus exposure to elements and other conditions which are not normally experienced in my home country. I also understand that the working and living conditions in Belize could, possibly, expose me to tropical diseases, viruses, infections, malaria, cholera, insect bites, stings, poisonous snakes, and contact with plants or substances capable of causing allergic or other adverse reactions. I recognize that the medical treatment facilities in Belize are limited and that BWRC cannot direct me to the same level of medical or emergency services that

are available in my home country or other developed countries. I acknowledge that the level of police and public safety protection, government stability, and emergency services may be less than those available in my home country or other developed countries. Finally, I am aware that there have been prior incidents involving violence committed by Belizean citizens against foreign visitors, and that BWRC/WI is not in a position to provide me with personal protection from such threats during off-project activities.

X _____

Initial

Intern/Student Activity

As an intern or student at BWRC, I understand that my relationship to BWRC/WI and any of its projects is that of an intern or student. Nothing in the relationship or in this agreement is intended to create any employer-employee or principle-agent relationship between myself and BWRC/WI. I understand that, as a volunteer-participant in internships, course(s), project(s) and activities, I am personally responsible for obtaining all of the vaccinations required for travel to and living in this region, and I expressly assume the responsibility for decisions regarding medication.

X _____

Initial

Food, Lodging and Conditions

I have been adequately informed about the expected living conditions, food, and other services that will be available during my stay and I acknowledge that I am personally responsible for maintaining my health and well-being during my stay, which includes ensuring that I maintain adequate rest, adequate hydration, and to moderate my physical or recreational activities that could potentially cause or contribute to dehydration, illness, or susceptibility to debilitation caused by lowered resistance levels. I further understand that the food resources available in Belize are limited and might not permit for some special diets or food.

X _____

Initial

Limitations of Liability

I acknowledge that none of the following entities: BWRC, WI or their staff members, have or will assume any liability or responsibility for any personal loss, claims, injuries, or damage sustained by me as a result of my participation in any of the BWRC/WI activities, including any known or unknown condition or event, use of any equipment supplied, or exposure to any of the conditions described above, including my travel to and from Central America or to any of the course or internship locations. I further understand that neither BWRC/WI, nor any staff members or instructors are guarantors or insurers of my safety during the term of my course/internship or during any of the activities associated

with this program, nor are they liable for any claim, loss, injury or damages, including the loss of life that I may suffer from my participation in the activities associated with this project.

X_____

Initial

Medical Responsibility

I acknowledge that there are certain risks inherent in travel and that BWRC/WI cannot assume responsibility for the provision of medical services to its interns or students or the payments therefore. I agree to purchase international medical insurance as described in item 6 below. I agree to consult with a medical doctor in regards to medical issues or needs I may have. Further, I am aware that BWRC/WI cannot be responsible for attending to any of my medical needs. I am aware that, should I be required to be hospitalized during the program, BWRC/WI cannot and does not assume legal responsibility for payment of such costs; rather, I assume all risks and responsibilities for such costs. I affirm that I have adequate insurance to meet any and all needs for payment of hospital costs during the program, including air ambulance and repatriation of remains.

X_____

Initial

Health Insurance Coverage

I understand that I am required to have adequate health, accident, disability, hospitalization and air ambulance insurance to cover myself during participation in the BWRC/WI program. The insurance policy must include medical evacuation and repatriation of remains. I further recognize that BWRC/WI has no obligation to provide any form of insurance and that it is my responsibility to make sure that my policy will be in effect for the entire period of my program and that its coverage is valid outside my home country and specifically in Belize, Guatemala and other Central American countries, as some policies do not provide coverage under these circumstances.

X_____

Initial

Consent to Emergency Medical Treatment

While participating in the BWRC/WI program(s), I acknowledge that, on rare occasions, an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. I have fully described any physical or psychological problems I may have on the WI Application Form. In the event of illness or injury to me that would prevent me from authorizing my own treatment, I authorize any official representative of BWRC/WI to secure medical treatment on my behalf, including surgery and the administration of anesthesia, and I accept all financial responsibility for such treatment.

X_____

Initial

Agreement to Indemnify

I agree to indemnify BWRC/WI for any losses, liabilities, damages, costs, and/or attorney's fees that they may incur due to my participating in the trip, including losses resulting from my causing injury to another person or my damaging the property of another person or entity.

X _____

Initial

Release and Agreement to Hold Harmless

I recognize the inherent dangers in the activities associated with this course, internship and/or volunteer activity, including the risk of personal injuries, including, but not limited to, the risk of death, the risk of damage to my property, the risk arising from the use of transportation service or living accommodations, and risks arising from weather, illness, quarantine, government rules, war, riots, and strikes. In consideration of my opportunity to participate with BWRC/WI as a student, intern and/or volunteer, and being fully aware of the fact that I might be injured while participating with BWRC/WI, I do hereby agree to assume all risks and responsibilities surrounding my participation. I do for myself, my heirs, and my personal representatives agree to RELEASE, ABSOLVE, and HOLD HARMLESS the Belize Wildlife & Referral Clinic (BWRC) and the Wildlife Institute (WI), the Board of Directors of BWRC/WI, their agents, servants, employees and officials from any and all claims, demands, damages, suits or civil actions resulting from any and all accidents, injuries, or death I might incur while participating with BWRC/WI.

X _____

Initial

Data & Research

I acknowledge that all information obtained by me during my participation in BWRC/WI activities, including any biological material, remains, samples of any matter, written or oral reports, drawings, plans, maps, renderings, strategies, summaries, written materials, measurements, locations, photographs, analysis, and all other such physical, related or recorded information is considered to be the property of BWRC/WI and/or the Government of Belize. I fully acknowledge and agree that I may not cause to be published or reported, in any written recorded, image, audio-visual or other presentation, Internet, website, or other format any of the information or data which forms any part of field work done with BWRC/WI, or transmit them to any third person without first obtaining the express written consent of BWRC/WI to both access the data, and to then publish it in any format. To the extent that any of this information might be considered proprietary information or the intellectual property of BWRC/WI and/or has been reduced to any tangible format, I acknowledge that BWRC/WI retains the exclusive right to fully protect that information from any unauthorized publication, commercial exploitation, or use by any third party in any format under the laws of the United States of America and

other protections provided by either the Paris or Berne Conventions intended for the protection of forms of intellectual property

X_____

Initial

Assignments, Learning Objectives Rules and Regulations

During my participation in BWRC/WI activities, I understand that I will receive tasks and other work assignments, which are necessary for the accomplishment of the course, internship and/or learning objectives, and that attempts will be made to accommodate interns/students in these assignments. However, no guarantees can be made regarding any assignments, nor are there any guarantees that all assignments will be those desired by any individual or, that choices of assignment location or coworkers will be guaranteed. I further acknowledge that any willful refusal on my part to abide by BWRC/WI rules or regulations which may, in the opinion of supervisory personnel, jeopardize the health or safety of any person or the goals of the internship, course(s) and/or project(s), may be grounds for the termination of my participation in the project prior to the completion of my program term, and that this termination shall be without any recourse to any refunds of my prior tuition or fees or other charges.

X_____

Initial

Behavioral Responsibilities

I am aware of how I am expected to behave while participating with the BWRC/WI program. As a guest in a foreign country, there are certain behaviors that are considered unacceptable and could lead to possible disruption of the program. I hereby assure BWRC/WI that I will conduct myself in an appropriate manner that will not infringe upon the customs, mores, or laws of the country in which the program is being conducted, nor upon the rights of other participants of the program. Behavioral responsibilities shall be applicable during the program both when in the company of other program participants and when I am physically separated from other program participants. In addition, I must adhere to all policies outlined by BWRC/WI. I acknowledge that during my association with this project I am subject to the civil and criminal laws of Belize and Central America and the legal obligations to my country of origin. In the event of my violation of the laws of Belize or any other country, I fully understand that I could be subject to arrest, prosecution or incarceration in a country whose laws and legal systems may not correspond to those generally found in my country of origin. BWRC/WI agents or representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. Should an official representative of BWRC/WI decide that a participant must be separated from the program because of violation of stated rules, for disruptive behavior, use of illegal drugs or for any conduct that might bring the

program into disrepute or its participants into legal jeopardy, that decision will be final. Separation from the program will result in the loss of all academic credit. Persons dismissed from the program will remain responsible for all academic fees. I further understand that all expenses occasioned by my involuntary withdrawal from the program shall be my sole and exclusive responsibility. The use of illegal or unauthorized drugs during the entire period of the program, including free time, is strictly prohibited. U.S. citizens in a foreign country are subject to the laws of that country. The U.S. Embassy cannot obtain release from jail for a U.S. citizen and can only aid in obtaining legal assistance. There is no Canadian Embassy in Belize. Illegal activities place not only the individual but the group and program in jeopardy. The consequences of illegal or unauthorized drug use during the program include immediate expulsion from the program, loss of all course credit and full payment of the program fee.

X_____

Initial

Travel

I understand that during free time before, during and after the period of the BWRC/WI program, I may elect to travel independently and/or remain at my own expense. I agree to inform an official representative of BWRC/WI of any such plans and understand that neither BWRC/WI, nor its staff, agents or representatives are responsible for me while I am traveling or remaining independently during such time. I acknowledge that BWRC/WI programs are not travel tours. I understand that personal travel must not conflict with the regular class or internship schedule, and that I am responsible for making personal travel plans which will permit me to attend all scheduled activities. I also understand that I am responsible for ensuring my safety and security while travelling outside of the program.

X_____

Initial

Transportation, Funds and Expenses

I understand that it is my personal responsibility to obtain round-trip fully-funded transportation to and from Belize prior to my departure for the project, and that I am personally responsible for maintaining sufficient funds in my possession for any and all incidental expenses, including laundry, recreation, vacations, independent travel, outside meals, beverages, clothing, health and personal care, transportation, and general necessities of life. I also acknowledge that I am responsible for obtaining a valid passport and visa for entry into Belize or any other country, as required by this course or volunteer participation with BWRC/WI.

X_____

Initial

Living Arrangements

I acknowledge that housing accommodations vary from one location to another. Because of the nature of the actual arrangements with the institutions and organizations abroad, I may not be free to make my own living arrangements, private or otherwise. Students accepted for enrolment in a BWRC/WI program agree to accept the housing arranged by BWRC/WI, whether it be a hotel, guest house, private residence, camp or with a private family. Every effort will be made to accommodate my preference, and I understand this can be done only within the limits of available housing, and requests for accommodations other than those provided may incur additional cost to me.

X_____
Initial

Program Cancellation and Withdrawal

I have read the refund policy, whether on the contract services form or on the WI webpage or elsewhere and I understand the refund policies. I also understand that BWRC/WI reserves the right to decline any application or cancel any program without notice, in which event all program fees paid will be refunded in full. I understand that if I do not withdraw from the course prior to the refund deadline, that I am fully responsible for the full cost of the program and that there will be no refund of any monies paid to that point.

X_____
Initial

Signatures

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Participant's signature

Witness

Acknowledged and executed this _____ day of _____, 201__ at _____ (location).