

## European Initiative Waiver and Indemnification Form

Attendee Name (print): \_\_\_\_\_

Team: \_\_\_\_\_

Dates of departure from country of residence through the date of return to country of residence: \_\_\_\_\_

1. I am participating in the above-referenced trip in connection with European Initiative, and hereby release, waive, indemnify, defend, and hold harmless European Initiative and any of its employees, board members, agents, affiliates, officers, staff, volunteers or associated partners, and any of the foregoing's successors and assigns (collectively, "EI"), from and against any and all claims, for bodily injury demands or causes of action of any type whatsoever, including property damage or personal injury, wrongful death, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or in any way related to, or occurring during, the above-referenced trip.

2. I am aware and acknowledge that there are possible risks and dangers associated with my participation, and that such risks include, but are not limited to, acts of terrorism or other attacks, illness, theft, accidents, or other injury, or death. I acknowledge that participation in the trip includes risk of contracting communicable disease, virus, or illness, including but not limited to, COVID-19, known as coronavirus. I assume full responsibility for any illness, injuries, death, or damages any person or property may sustain as a result of or in connection with my participation in the above-referenced trip, including travel to or from the trip destination. In addition, I assume liability for and agree to indemnify and to hold EI harmless for all claims or damages caused, in whole or in part, by me and any negligent, intentional, or other act or omission on my part. This indemnification shall include, but not be limited to, any losses, injury, expenses, and attorneys' fees.

3. I shall ensure I know how to safely participate in any activities or travel in connection with the above-referenced trip, and I agree to observe any rules and practices that may be employed to minimize the risk of death or injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity or travel in connection with the above-referenced trip, to limit my participation to reflect my personal fitness level, and to refrain from any and all activities that would pose a hazard to myself or other persons or property. I agree that this paragraph shall in no way limit Paragraphs 1 and 2.

By signing this waiver of liability and release, I acknowledge that I have read and understood this document and any other information provided regarding EI trips and I fully agree and understand all terms and conditions.

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Attendee Signature

Printed Name:

Date:

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Signature of Parent and/or Legal Guardian if Attendee is Under 18

Printed Name of Parent/Legal Guardian:

Printed Name of Attendee:

Date: