

**NEW HORIZONS FOUNDATION**  
**INTERNATIONAL TRAVEL CONSENT AGREEMENT**

THIS DOCUMENT MUST BE READ AND SIGNED BY THE PARTICIPANT IN ANY PROJECT APPROVED FOR OVERSEAS TRAVEL AND PARTICIPANT'S SPOUSE, IF SPOUSE WILL ACCOMPANY PARTICIPANT FOR ANY PART OF THE PROGRAM.

I ACKNOWLEDGE THAT THIS DOCUMENT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM AGREEING TO RELEASE NEW HORIZONS FOUNDATION AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO CAREFULLY BEFORE SIGNING IT.

\*\*\*\*\*

**I. Release of Liability**

I understand that participating in overseas programs **in cooperation with** New Horizons Foundation is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself **\*and my child or dependent(s) as participants in the program.\***

I understand and acknowledge that there are certain risks and dangers associated with international programs and travel, including, by way of example, airplane and vehicle accidents, hijacking, kidnapping, piracy, terrorism, criminal activities, radioactive or other hazardous materials, illness, inadequate medical care and death. In addition, I understand that there may be other risks involved of which I may not be presently aware.

By signing this International Travel Consent Agreement, I **\*expressly assume, for myself and my child or dependent(s) accompanying me,\*** these risks, whether such risks are known or unknown at this time. I further release New Horizons Foundation and their officers, directors, employees and agents from any claim that I or **my child or dependent(s)** may have against them as a result of physical injury incurred during our participation in the overseas programs and travel related thereto. This Release of Liability shall include (without limitation) any claims that I or **my child or dependent(s)** may have against New Horizons Foundation or their officers, directors, employees, and agents for their negligent acts or omissions.

This Release of Liability is also intended to cover all claims that members of my family or my estate, heirs, representatives or assigns may have against New Horizons Foundation or their officers, directors, employees, or agents.

**II. Certification of Health Insurance and Medical Release**

I understand that preventive medical treatments (such as vaccinations) and medicines may be necessary for traveling and residing in some foreign countries. I agree that it is my personal responsibility to (i) seek advice from my physician to determine what, if any, treatments and medicines are recommended, (ii) procure them, and (iii) use them at my own risk.

I hereby certify that, if I and/or **my child or dependent(s)** accompanying me are not covered by health insurance provided by New Horizons Foundation, I/we are covered by a personal or group insurance plan, the policy name and number of which I have listed below, for hospitalization and medical expenses during our stay abroad.

I attest that I am not, or my child or dependent(s) is not, currently being treated for any injury, condition, or disability and have no past injuries/conditions that may put me or my child or dependent at risk of further injury by the work to be performed.

