



# Waiver and Release of Claims

**"Serving the Earth, Serving the Poor"**

**Target Earth International  
Summer Institute on  
Sustainable Development**

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The undersigned is to be a participant in a special activity sponsored by Target Earth International ("TEI") and is to occur during the period from June 2, 2006 to July 13, 2006. In consideration of being allowed to participate in this special activity, the promises herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I agree as follows:

1. The undersigned hereby personally assumes all risks in connection with said special activity and further releases all instructors, program directors, and agents of TEI from any and all injury or damage which the undersigned may suffer while enrolled in said special activity, including all risks connected therewith whether foreseen or unforeseen and further to hold TEI and its instructors, program directors, and agents safe and harmless from any claim by undersigned or undersigned's personal representatives, administrators, heirs, and assigns, arising out of undersigned enrollment and participation in said special activity.
2. The undersigned agrees to waive and release TEI, and all persons and entities in interest with TEI, including administrators, faculty members, staff members, and other employees, agents, and representatives of TEI of and from any and all claims, actions, or suits, for personal injury, death, property damage, or other loss, sustained by the undersigned in connection with the special activity identified above.
3. The undersigned agrees to abide by policies and behavioral guidelines established by TEI and/or the internship director to be necessary for the operation of the above internship program. Should the director decide that a participant must be separated from the internship because of violation of such guidelines and policies, for disruptive behavior, or for conduct which could bring the internship program into disrepute, that decision will be final. All loss and expense incurred in the event of the termination of the undersigned's participation in this special activity, including cost of travel, must be borne by the undersigned.
4. The undersigned understands and agrees that TEI is not responsible for cancellation or changes in travel and program schedules or adjustments in announced fees for this special activity caused by changes in air tariffs, lodging rates, or fares charged by those engaged for such services. The undersigned further agrees that in the event of an act of war, terrorism, strikes, Act of God, or other emergency, which causes this special activity to be canceled in whole or in part, any refund due the undersigned will be determined by TEI in its discretion.
5. The undersigned understands and agrees that TEI is not responsible for medical expenses if the undersigned requires medical treatment during the undersigned's participation in the above described special activity. If the undersigned is physically incapacitated for medical reasons, the undersigned agrees that TEI or its representatives, may make reasonable arrangements for the medical care of the undersigned in emergency circumstances and any such medical expenses are the responsibility of the undersigned.
6. The undersigned agrees that any independent traveling on weekends and holidays during the period covered by the program and after the conclusion of the program will be at the expense of the undersigned. TEI is not responsible for the undersigned while he/she is traveling independently.
7. The undersigned states that he/she is of lawful age and legally competent to sign the Waiver and Release of Claims, he/she understands the terms contained herein, and he/she has signed this Waiver and Release of Claims as his/her own free act.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

The undersigned parent and/or legal guardian of the above-named participant agree to the above terms hereof.  
(Not required of participants 21 years of age or older)

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

**REMINDER: PLEASE NOTARIZE THIS WAIVER FORM!!!**