



## Application, Medical Waiver and Liability Release

- 1. Please read, sign and return both pages of this form to ESNA Village Network 60 days before departure.*
- 2. Please submit the Minor Permission Release and Guardianship Form for any youth who are travelling.*
- 3. Please submit a copy of your passport – it must be valid for at least 90 days past your return date.*

International travel and travel within Central America has inherent risks. ESNA Village Network will do its best to insure your safety while in El Salvador. ESNA Village Network can provide you with information on the potential risks and hazards of living and traveling in a foreign country, and on how these may impact your health and safety. For additional sources of information, the US Department of State publishes travel advisories for all countries to inform Americans of physical dangers, serious health hazards or other conditions. Travel advisories are available at regional passport agencies, on the web at [www.travel.state.gov](http://www.travel.state.gov) or by calling the Citizens Emergency Center at (202)647-5225.

I, \_\_\_\_\_ (full legal name of work group participant, herein I may also be referred to as the “Work Group Participant”) understand that foreign travel and volunteer work projects may present problems, including disease, accidents or other special hazards endemic to Central America. I have voluntarily agreed to participate with this work group in El Salvador on the following dates: \_\_\_\_\_ to \_\_\_\_\_.

In return for being permitted to participate in this work group, I agree to the following terms and conditions:

1. I assume the risk of foreign travel and volunteer work. I release, indemnify and hold harmless ESNA Village Network and its officers, agents and employees from any liability whatsoever related to my participation in the above work group. I will not assert claims for or hold ESNA Village Network responsible for any costs or losses resulting from injury, illness, disability or any events not within the reasonable control of ESNA Village Network.
2. I hereby authorize ESNA Village Network its agents or personnel to secure and approve any necessary emergency medical treatment where, in the opinion of a certified medical authority, it is deemed necessary and I am unavailable to authorize such treatment. This permission is granted between the dates noted above. I agree to reimburse ESNA Village Network for any expenses incurred.
3. I understand that ESNA Village Network has the right to discontinue my participation in the work group if I disregard reasonable directives regarding safety, liability or laws and regulations of the host country.
4. I understand that it is my personal responsibility to obtain a valid passport and all other travel documents required to enter El Salvador.

**I have fully read and understand of the contents of this affirmation and release, and I further state that I understand the terms herein are contractual and not a mere recital. I acknowledge that this release is a condition precedent to participating in this Work Group Program. It is understood and agreed that this is a full and final Release, which is not limited in any way. By signing this Release, the Work Group Participant, intends and expressly agrees that it shall be effective as a bar to each and every claim, demand and cause of action the Work Group Participant may have or has against ESNA Village Network as of the date the Work Group Participant signs this Release.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Parent’s Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for minors under 18)

Parent’s Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for minors under 18)

**Emergency and Personal Contact Information**

Name of Medical Insurance Co. \_\_\_\_\_

Physician \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Person to contact in case of an emergency:

Name (Please Print) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone (    ) \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email \_\_\_\_\_

**Do you have any:**

Physical limitations \_\_\_\_\_

Asthma, food allergies, medication allergies, or respiratory problems \_\_\_\_\_

Other chronic medical conditions \_\_\_\_\_

Current medications \_\_\_\_\_

**My Contact information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Shirt size ( S M L XL)

**Mail to: ESNA Village Network  
1274 Glen Oaks Dr.  
West Des Moines, IA 50266**