

OUR GUATEMALA CODE OF CONDUCT

OUR Guatemala Code of Conduct

Name:

As a humanitarian organization our ethics are very important. The use of illegal drugs and excessive alcohol is strictly prohibited throughout the trip. If you are a minor, consumption of alcohol is strictly prohibited. No form of abuse and/or sexual harassment of any kind will be tolerated. Appropriate action will be taken in every situation.

*OUR Guatemala reserves the right to send any team member home at **his/her own expense**, if there is an infraction of the rules or if deemed necessary by the Guatemala staff in order to protect the safety, reputations and humanitarian work within the country. You will be responsible for any costs incurred by your actions. Thank you for your courtesy and cooperation with OUR Guatemala's rules and the local customs of the country.*

I/we agree to support this code of conduct while volunteering with OUR Guatemala.

Click here to enter a date.

APPLICANT'S NAME

SIGNATURE

Click here to enter a date.

PARENT'S NAME (If team member under 18)

SIGNATURE

RELEASE & WAIVER OF LIABILITY

Release & Waiver of Liability

(Must be signed by traveler) & NOTARIZED

This release and waiver of Liability Executed on this _____ day of _____, 20____, by _____, in favor of OUR GUATEMALA and its affiliates, including but not (volunteer) limited to:

Leceta Chisholm Guibault, Jesus Lopez Cael (Alexander Chisholm Guibault), Jean Guibault (founders and directors of OUR Guatemala), Rene Hernandez, Alfonso Ruiz, Jefferson Martinez, and their associates.

Waiver of Release: I do hereby release and forever discharge and hold harmless OUR Guatemala and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work with OUR Guatemala.

I understand and acknowledge that this Release discharges Our Guatemala from any liability or claim that I may have against it with respect to any bodily injury, personal injury, illness, death or property damage that may result from my work with Our Guatemala, whether caused by the negligence of OUR Guatemala or its officers, directors, volunteers, agents or otherwise.

I also understand that OUR Guatemala does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

Assumption of risks: I have chosen to work as an OUR Guatemala volunteer and engage in the activities related to being a volunteer. I understand that the activities may include physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and framing other than ground level, and may entail risk of physical injury or death, and that I may be exposed to other hazards including by way of illustration but not limitation: Public transportation by air and land, diseases, viruses due to eating foreign foods and water, household cleaning chemicals, and operating power tools. I also understand that any and all reservations purchased/made by OUR Guatemala is non-refundable and will require payment no matter what the circumstances.

Medical Treatment: I do hereby release and forever discharge OUR Guatemala from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my work with OUR Guatemala.

Accommodations: I understand that OUR Guatemala is not responsible or liable for my personal effects and property and that OUR Guatemala will not provide lock up or security for any items. I will hold OUR

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Guatemala harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations that may be in effect for the accommodations at that time.

Photographic Release: I do hereby grant and convey unto OUR Guatemala all right, title and interest in any and all photographic images and video or audio recordings made by OUR Guatemala during my work trip, including , but not limited to any proceeds, or other benefits derived from such photographs or recordings.

On behalf of myself, my estate, and the personal representative thereof, my heirs and assigns, I hereby release, discharge, indemnify and forever hold OUR Guatemala together with their officers, agents, and volunteers harmless from any and all causes of action arising from my participation in this project, travel, and lodging associated therewith, including any damages which may be caused by their negligence.

IN WITNESS WHEREOF, I have executed the release as of the day and year written above.

NORARY:_____ Volunteer:_____
(PRINT NAME) (PRINT NAME)

NOTARY:_____ Volunteer:_____
(SIGNATURE) (SIGNATURE)

Parent/Guardian:_____ Parent/Guardian:_____
(PRINT NAME) (SIGNATURE)

If team member is under the age of 18, parents must sign.

NOTARIZE

PARENTAL CONSENT FORM

Parental Consent Form

I/we, the parents of minor _____, have full knowledge of our child's travel plans and do hereby express our consent on this _____ day of _____, 20____, for our child to travel internationally with OUR Guatemala to Guatemala, Central America, and serve there for the period of time beginning _____ and continuing until _____.

During this time, we assign _____, to serve as our legal guardians for the above mentioned child, to act on our behalf in all legal and health related matters.

Should an accident or illness occur during this time, and the assigned legal guardian not be available, we also give our full permission to allow medical treatment or medication deemed necessary by the attending health care provider to be administered to our child.

NOTARIZE

Address of Parent/Legal Guardian: _____

Phone: ____/____/____ Cell: ____/____/____

Email: _____

Parent/Legal Guardian: _____

(Print)

(Sign)

Parent/Legal Guardian: _____

(Print)

(Sign)

Taken, sworn (or affirmed) and subscribed before me this _____ day of _____, 20__

SEAL

DATE

MEDICAL HISTORY FORM

Medical History Form

TRAVELER'S INFORMATION

Traveler's Name

Date of Birth

Parent or Guardian Name (If traveler is under 18)

Daytime Phone Click here to enter text. Evening Phone Click here to enter text.

Emergency Contact (in case parent or guardian cannot be reached)

Name

Phone Click here to enter text.

MEDICAL INFORMATION

(Please check and put approximate dates to items applying to you or your child traveling)

Hay fever ☐ Fainting Spells ☐

Diabetes ☐ High Blood Pressure ☐

Anxiety ☐ Seizures ☐

Asthma ☐ Heart Trouble ☐

Tetanus booster ☐ Date

Depression ☐

Severe Menstrual Cramps ☐

Allergic Reactions

Bee Stings ☐ Penicillin ☐ Other / FOOD

Surgery within the past two years? Choose an item. Attach explanation.

Other pertinent information? **ANYTHING you feel we should know about you/your child pre travel**

List medications that you are currently taking and dosage

Insurance Company, Policy Number and contact information

Traveler's Signature

Date Click here to enter a date.