



## RELEASE FORM

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

It is the desire of Reel Life International that your Adventure Trip experience is both meaningful and rewarding. When traveling away from home and visiting a different culture, there are several important matters that need your attention before your departure. Please complete the following form carefully. If you have any questions, please contact the Leader of your Team, or someone in the Reel Life office.

**ALL participants and team leaders must fully complete this form.**

### 1. GUIDELINES FOR WORK TEAMS

I understand that I will be required to abide by the guidelines of Reel Life International, our team leader and the local host while on this Adventure Trip. I understand that my failure to abide by these guidelines may result in my being required to withdraw from this program at my expense. I hereby agree to abide by them, by signing the Release of Liability below.

### 2. RELEASE OF LIABILITY

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate in the Reel Life International program. With such knowledge, I voluntarily release Reel Life International, its associates and representatives, as well as the host organization and their representatives and employees, from any and all liability related to the activities of this program.

X \_\_\_\_\_

Signature of participant  
(or parent/guardian if under legal age)

\_\_\_\_\_

Date

**3. MEDICAL CONSENT**

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant, or parents/guardians (if under legal age):

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the participant: \_\_\_\_\_

**4. INSURANCE**

I understand that Reel Life International does not provide any insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the program. I am responsible for providing my own (or my child's) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expense, should emergency transportation be necessary. As for medical insurance, I have the following coverage:

Insurance Company \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Policy and/or group plan # \_\_\_\_\_

Identification # of the insured \_\_\_\_\_

The participant is (\_\_\_) the insured or (\_\_\_) a covered dependent of the insured.

If a covered dependent, the name of the insured is \_\_\_\_\_

X \_\_\_\_\_  
Signature of the Insured Date

X \_\_\_\_\_  
Signature of the minor/ covered dependent Date

**5. PERMISSION FOR TRAVEL - FOR A MINOR ONLY**

As a parent or guardian, I give my permission for (name) \_\_\_\_\_ to travel to (location) \_\_\_\_\_ to participate in a Reel Life International program on the following dates: from \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_.

X \_\_\_\_\_  
Signature of parent or Guardian Date



## Adventure Trip Team Covenant

(Please sign and return with your other forms)

***I realize that the following principles are crucial to the effectiveness, quality, and safety of our trip as well as the continued work and reputation of our host organization. As a member of the team, I agree to the following:***

1. As a representative of Reel Life International, I will seek to represent the values and moral conduct that is suitable for a family environment. I understand that while in a foreign country, I will stand out as an American visitor. Therefore, my personal conduct will be very noticeable to others. It is vital that my actions reflect positively upon Reel Life International as well as our host organization.
2. I recognize that I am a guest working at the invitation of our host, and will respect and support their leadership, as well as the decisions of the RLI team leader(s).
3. I agree to show respect to my host's culture, practices, and distinctive characteristics.
4. I will not allow myself to be alone with any of the local children at any time or for any reason.
5. In relating with others on our team, I agree to be patient and agreeable to the best of my ability.
6. I will refrain from the use of profanity, as well as negative comments or hostile discussions concerning the host country's politics and culture.
7. I will refrain from activity or undue attention that could be construed as a romantic interest toward a national. I realize that certain actions that seem innocent in my own culture may be inappropriate in another culture.
8. I will refrain from drinking in excess and understand that the use/possession of illegal drugs is strictly prohibited.

X

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name