

## Project Fiji Release, Consent & Assumption of Risks

I, \_\_\_\_\_, am fully aware that during the mission trip in which I wish to participate, as organized by The Dream Machine Foundation and Project Fiji and/or its associates, agents or subcontractors, certain risks and dangers may occur, including, but not limited to, the hazards of traveling in difficult or unknown terrain, accident or ill-ness in remote locations, without medical facilities and/or personnel, long distance travel by air, automobile, boat or other conveyance and the forces of nature.

In consideration of, and as part of, the right to participate in such program and the services and/or room and/or board arranged for me by The Dream Machine Foundation and Project Fiji and/or its associates, agents or subcontractors, I have and do hereby assume all risks arising directly or indirectly out of or in connection with the expedition in which I wish to participate.

I consent to be given medical care by any qualified medical personnel designated by The Dream Machine Foundation and Project Fiji and/or its authorized representative at any facility I understand and agree that The Dream Machine Foundation and Project Fiji and/or its agents, associates or subcontractors, assumes no responsibility or liability of any kind or nature whatsoever and I forever protect, save, hold harmless and indemnify The Dream Machine Foundation and Project Fiji and its directors, officers, employees, associates, agents and subcontractors from any and all liability, actions, causes of actions, claims, demands, debts, personal or property losses, costs, damages, injuries or death, suits or judgments, penalties, expenses and any other liability of any kind or nature whether negligent or not (except for intentional injuries), including but not limited to attorney's fees, which I now have or which may arise directly or indirectly out of or in connection with the mission trip in which I wish to participate. The terms hereof shall serve as a release and assumption of risks of my heirs, executors, and administrators and for all members of my family, including any minors accompanying me.

\_\_\_\_\_  
Mission Trip Member Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Emergencies Contact (include phone numbers and full names)

Please note any medical problems, allergies, doctor's tel # or prescription drugs you may be taking on the space below and use the back of this page as necessary.