

Release and Waiver of Liability

I desire to visit the Jama-Coaque Reserve of Third Millennium Alliance, a nonprofit organization incorporated in the State of California ("TMA") and engage in activities related to life and work there. I understand that such activities include working in a tropical forest, agricultural lands, and surrounding rural communities in the Republic of Ecuador, living in housing provided for volunteers of TMA, and traveling to participate in these activities. I freely, voluntarily, and without duress execute this release under the following terms:

1. Waiver and Release: I hereby release and forever discharge and hold harmless TMA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or inequity, which arise from my work with TMA. I understand that this release discharges TMA from any liability or claim that I may have against TMA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my work for TMA, whether caused by TMA or its directors, officers, employees, or agents, or otherwise. I understand that, except as otherwise agreed to by TMA in writing, TMA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

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

3. Assumption of Risk: I understand that the work for TMA may include activities that may be hazardous, including, but not limited to construction, forest hiking and exploration, agricultural activities, interaction with the local communities, and transportation to and from the work sites. In connection thereto, I recognize and understand that activities at TMA may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release TMA from all liability for injury, illness, death, or property damage resulting from the activities of my work for TMA.

4. Insurance: I understand that TMA does not commit to carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Cancellation & Refund Policy: I have read, understand, and agree to the TMA Cancellation & Refund Policy.

6. Photographic Release: I hereby grant TMA access to any and all photographic images and video or audio recordings made during my work for TMA, and agree to share with TMA any royalties, proceeds, or other benefits derived from such photographs or recordings in accordance to terms subsequently agreed upon with TMA.

7. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this release shall be governed by and interpreted in accordance with the laws of the State of California, I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I have carefully read this document, fully understand its contents, and sign it voluntarily. I further state that I am _____ years of age and am competent to sign this document. This document shall bind me, my heirs, and personal representatives.

(PRINT) FIRST NAME, MIDDLE INITIAL, LAST NAME

PARENT/ GUARDIAN SIGNATURE (IF UNDER THE AGE OF 18)

PASSPORT NUMBER

STREET ADDRESS (APT # / SUITE #)

CITY STATE / PROVINCE ZIP / POSTAL CODE COUNTRY

EMAIL ADDRESS

TELEPHONE

SIGNATURE

DATE