

**ASAPROSAR (Salvadoran Association for Rural Health)  
International Volunteer Program (AIVP)**

## **GENERAL RELEASE, CONSENT & WAIVER**

I understand that as a AIVP volunteer, I may be traveling to and from, and living and working in areas that may be dangerous, both in the United States and El Salvador.

Particularly, and without limiting the above acknowledgment, I understand that if I travel outside of the United States: 1) Medical and dental services may be inadequate or totally lacking; 2) I may be exposed to illnesses and diseases; 3) Law enforcement may be inadequate or totally lacking; 4) Motor vehicle travel may be dangerous and motor vehicle laws may not be observed nor enforced; 5) Food and water may be unsanitary, unsafe and dangerous; 6) There may be social unrest, terrorism, insurrection, revolution or war. I further understand that the above listing of dangers is meant to be illustrative only, that many other dangers exist, and that I may be exposed to them in one form or another. With full knowledge of the above, I have decided to expressly assume the risk and volunteer with AIVP.

In consideration of AIVP arranging a volunteer assignment for me, as set forth in the Volunteer Agreement signed this same date, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE ASAPROSAR, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors and assigns from any and all claims, demands, damages, liabilities and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, AIVP whether or not due to AIVP negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the State of Massachusetts. If any provision of this document is held to be unenforceable, this shall not affect any other provision of this document, which other provisions shall remain fully enforceable. If dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

I consent to medical and dental treatment by ASAPROSAR, or such others that it may designate, if I am in need of such treatment and I am unable to consent to it because of physical, mental or other incapacity. If treatment is provided by third parties other than ASAPROSAR, and there is a charge therefore, I agree to pay the charges and indemnify and hold AIVP harmless therefrom. Without limiting the general release given above in any manner, I reaffirm that the above general release includes, but is expressly not limited to, any and all claims, damages, demands or causes of action arising out of or relating to said medical and dental treatment.

This General Release, Consent and Waiver together with the Volunteer Agreement, represent the entire agreement of the parties hereto and supersede any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, Consent and Waiver, I know and understand the contents thereof and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release, Consent and Waiver.

\_\_\_\_\_  
Volunteer's Signature (complete/legal; same as passport)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Name (printed)