LIABILITY WAIVER AND RELEASE

The undersigned,	being of lawful age, for sole consideration of being
allowed and permitted to volunteer/work at	Neema Village, does hereby and for my heirs, executors, aives all rights, demands and claims whatsoever and releases,
_	age and their agents, employees, servants and successors of all
•	rsigned may hereafter accrue, on account of or in any way
growing out of any or all foreseeable and us all team activities.	nforeseeable injuries and damages and expenses arising out of
	or secondary negligence or fault by Neema Village and its agents,
employees, servants and successors of any damages and expenses relating to any and	y and all responsibilities, obligations and duties for said injuries, all activities of Neema Village.
	e is a waiver of any and all rights, demands and claims
,	ema Village, their agents employees, servants and successors, on teams, whether in this state of, any other state
or territory of the United States, any nation	
	esents that any injuries sustained during any and all activities with
· ·	atsoever, may be permanent and progressive, and that recovery making this Waiver and Release, it is understood and agreed that
the un-designed relies wholly upon the under	ersigned judgment, and this Waiver and Release is made without ion of the party or parties hereby released, or their representatives.
The undersigned further declares and represent expressed has	esents that no promise, inducement or agreement not herein
	s Waiver and Release contains the entire agreement between the aiver and Release are contractual and not a mere recital.
THE UNDERSIGNED HAS READ THE FOI UNDERSTANDS IT.	REGOING WAIVER AND RELEASE AND FULLY
Volunteer (Please Print)	
Signature	
Signed this dayof the m of	nonthin the year

Consent For Medical Treatment

vol res	nereas, (I/and or my child), wish to travel to, unteer/work and stay in Neema Village, and whereas, certain circumstances and situations may occur ulting in (myself/and or my child's) need for medical/ dental care and treatment, and further resulting in inability to personally give consent for such care and treatment:	
Th	erefore,	
1.	In consideration of permission for (myself/ and or my child) to participate in said activity,	
	being of legal age, authorize any agent of Neema Village, to act in (my/and or my child's) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the trip.	
2.	2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf.	
3.	3. Any consent by Neema Village shall have the same force and effect as if I had personally given the consent.	
4.	I understand that insurance in foreign countries varies, and is not provided by Neema Village.	
TH	E UNDERSIGNED HAS READ THE FOREGOING CONSENT AND FULLY UNDERSTANDS IT.	
– Vol	lunteer (Please Print) Signature	
Sig	ned this day of the month of in the year of	