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INTERNSHIP

Participant Release of Liability Form

I, _____ (print clearly), hereby agree to participate in the International Youth Initiative Program (YIP) International Internship.

Destination(s) Abroad: _____

Dates Start to End: _____

In making this agreement, I understand that:

1. My participation is completely voluntary and is not required.
2. I have arranged personal health and/or travel insurance to cover any medical assistance that I may require during the Internship. This insurance covers medical events in the country where my Internship will take place. YIP does not provide any medical expense coverage.
3. There are dangers and risks to which I may be exposed by participating in the Internship. YIP is neither the only nor the best source of information regarding safety conditions abroad. It is my responsibility to check the latest assessment of the travel risks involved in the areas where I will be traveling.
4. I am responsible for my individual conduct (behaviour), health and safety at all times. **YIP assumes no direct legal or financial responsibility for my personal safety or well-being when I am traveling or participating in activities during the Internship.** I bear full legal, medical and financial responsibility for myself, including responsibility for all indebtedness or other legal obligations incurred by me while on the Internship.
5. YIP reserves the right to require my withdrawal from the Internship if it is determined that my continuation would be detrimental to myself, to others, or to the Internship. Return passage and any other expenses due to such involuntary withdrawal are to be covered by the Participant.
6. As a Participant in the Internship I will be subject to the laws of the destination countries, and will adhere to them as such.





By signing the YIP Participant Release of Liability Form, I agree:

7. To assume the risks in the Internship that may cause personal property theft, damage or loss, personal medical or hospital costs, personal illness or bodily injury, including pain and suffering, emotional distress, or death, future economic impairment and other consequential losses that may arise during and/or as a result of my participation in the Internship.
8. I also hereby release the International Youth Initiative Program and its Organizers, employees, affiliates and representatives from any and all legal claims, demands and causes of action arising out of my participation in the Internship. I also understand that this Release means I am giving up all rights to sue YIP for injuries, damages or losses I may incur.

I certify that I have read the above provisions of this Release of Liability Form, understand them, and agree to be legally bound by them.

Signature of Participant

Date