

Indonesia Culture Exploration, Inc.
Release of Liability and Assumption of Risk Agreement

1. I, _____(VOLUNTEER), have read and understand and freely enter into this Release of Liability and Assumption of Risk Agreement (“Release”) with Indonesia Culture Exploration, Inc., a Georgia nonprofit corporation.

By signing this Release, I agree to waive any and all claims against Indonesia Culture Exploration, Inc. and assume all risks associated with my activities, on Indonesia Culture Exploration, Inc.’s projects located in Georgia or at the Indonesia Culture Exploration, Inc. project sites including the _____ in _____, Indonesia.

2. I understand that Indonesia Culture Exploration, Inc.’ insurance does not provide coverage for any loss, damage, destruction, injury or fatality to me, my property, or my guests. As such, I understand that I am responsible for maintaining, medical insurance, personal injury and property damage insurance at all times. Indonesia Culture Exploration, Inc. may, at any time, request proof of my insurance before allowing me to participate on any Indonesia Culture Exploration, Inc. projects or trips. I agree to promptly provide such proof of insurance to Indonesia Culture Exploration, Inc., upon request.

3. I understand the inherent dangers and risks associated with travel and volunteer work for Indonesia Culture Exploration, Inc. in Indonesia. I understand that Indonesia Culture Exploration, Inc.’ employees, agents, or volunteers may be negligent and such negligence may cause injury to me. By signing this Agreement, I agree on behalf of myself, and my heirs, guardians and legal representatives not to sue Indonesia Culture Exploration, Inc. or otherwise make a claim against Indonesia Culture Exploration, Inc. in connection with any injury, death, damage or destruction to myself or to my property, occurring anywhere while traveling on a Indonesia Culture Exploration, Inc. sponsored trip or volunteering for Indonesia Culture Exploration, Inc. or on a Indonesia Culture Exploration, Inc. volunteer site.

4. By signing this Agreement, I agree to defend, indemnify and hold Indonesia Culture Exploration, Inc. harmless against all claims, demands, and causes of action, including court costs and attorneys’ fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for the benefit of my guests, family members, employees, agents, contractors, or others, in connection with any occurrence happening while on a volunteer project of Indonesia Culture Exploration, Inc.

5. By signing this Agreement, I, my assigns, heirs, guardians and legal representatives, agree to not make a claim against, sue, or attach the Property of Indonesia Culture Exploration, Inc. on account of injury, damages, or losses resulting from the operations of Indonesia Culture Exploration, Inc., the negligence of Indonesia Culture Exploration, Inc.’ employees, agents, or other volunteers.

6. I acknowledge and agree that this release applies to all claims for injury, damages, or losses to person and property, real or personal (whether those injuries, damages, or losses are known or unknown, foreseen or unforeseen, or patent or latent), that I or my assigns, heirs, guardians and legal representatives, may have against Indonesia Culture Exploration, Inc.

7. If there is any legal action or proceeding to enforce any provision of this Agreement or to protect or establish any right or remedy of either party hereunder, the prevailing party shall be entitled to all its costs and expenses, including reasonable attorneys’ fees and expert witness fees, incurred in connection with such action and in any appeal there from.

Indonesia Culture Exploration, Inc., a Georgia nonprofit corporation,

Date: _____ Signature _____
Amity Jordan, Founder and Executive Director of Indonesia Culture Exploration, Inc.

VOLUNTEER

Date: _____ Signature _____

NAME PRINTED: _____

ADDRESS: _____

If volunteer is a minor, the person representing himself/herself to be his or her lawful guardian shall sign this Release of Liability and Assumption of Risk Agreement below:
Authorized Guardian/Representative

Date: _____ Signature _____

NAME PRINTED: _____

ADDRESS: _____

RELATIONSHIP TO MINOR: _____