Release and Waiver

I, _____ , hereby release Aldea Development, staff, supervisory sponsors, volunteers, and helpers from all damages, injuries, claims, demands or causes of action I or any family member, my heirs, executors, administrators or assigns may have arising out of this service trip. Additionally, I authorize the supervisory sponsors to consent to any emergency medical treatment to be rendered, should that be deemed necessary.

_____   _____
Signature   Date

Financial Responsibility

I, _____, acknowledge that I have entered into a financial agreement with Aldea Development in order to attend the mission project to La Unión, Honduras. I accept responsibility for paying the full amount of $_____. I understand that all projects, dates and costs are best estimates at the time of documentation and are subject to change.

I also understand that failure to meet any one of the above application procedures and or deadlines in regards to financial responsibilities may result in cancellation of my trip without refund. Should I choose to withdraw from the trip, I am responsible for any expenses Aldea has incurred on my behalf as long as I have cancelled before the stated cancellation deadline date. These costs may include, but are not limited to, airfare, in-country transportation costs, hotel reservations, project supplies, food, Aldea costs, and other expenses which have been paid prior to my cancellation. If I have cancelled after the said deadline date, I will pay for the trip in full as stated above.

I also understand that Aldea Development reserves the right to remove any person from the trip, without refund, who violates the rules and guidelines set forth by Aldea. Should I choose to exit the trip early, regardless of reason, I understand that I will be responsible for all associated costs. These costs may include, but are not limited to, costs pertaining to flight changes, hotel stays, transportation, food, or other reasonable expenses.

By signing below I acknowledge that I understand and will follow the given guidelines represented in this application.

_____   _____
Signature   Date

_____
Printed Name