



World of Difference Liability Release

Applicant

I, the undersigned, have requested that I be permitted by World of Difference (WOD) to participate in the _____ expedition:

I represent and acknowledge that I have had full and complete disclosure and information and recognize the hazards and dangers inherent in the Program and/or transportation to and from the sites of that Program. I full acknowledge the risk of injury or death inherent in my participation therein, whether by my own actions, the actions of others, or events beyond my control or the control of WOD. I do hereby agree to assume and do knowingly and voluntarily assume full responsibility for all the risks surrounding my participation in the Program and in any other activities undertaken as an adjunct thereto; and all risks associated with my own health problems and physical or emotional limitations. Furthermore, for myself, my heirs, personal representatives, successors and assigns, I release WOD, and all officers, employees, agents and representatives of WOD, without any limitation or qualification, from any and all liabilities, claims, demands and actions of any nature which might be made by me or my estate on account of any losses, expenses, damages or inconveniences of any kind concerning property or personal injuries (physical or emotional) or death which may result directly or indirectly from my participation in the Program unless that damage or injury is the direct and proximate result of the gross negligence or wanton or reckless misconduct of WOD or that of an employee, agent, affiliate, staff member or cooperative institution.

APPLICANT SIGNATURE

Address

NAME (printed)

Date



World of Difference Liability Release

Parent/Guardian of participant under 21 years of age

I, the undersigned, consent that my minor child or legal ward, _____, be permitted by World of Difference (WOD) to participate in the _____ expedition:

I, as parent or legal guardian of that minor child, represent and acknowledge that I have had full and complete disclosure and information and recognize the hazards and dangers to that child inherent in the Program and/or transportation to and from the sites of that Program. I full acknowledge the risk of injury or death to that child inherent in that child's participation therein, whether by the child's own actions, the actions of others, or events beyond mine or my child's control or the control of WOD. I do hereby agree to assume and do knowingly and voluntarily assume full responsibility for all the risks surrounding the minor child's participation in the Program and in any other activities undertaken as an adjunct thereto; and all risks associated with the child's own health problems and physical or emotional limitations. Furthermore, for myself, the minor child, my heirs, personal representatives, successors and assigns, I release WOD, and all officers, employees, agents and representatives of WOD, without any limitation or qualification, from any and all liabilities, claims, demands and actions of any nature which might be made by me, by that child, or mine or the child's estate on account of any losses, expenses, damages or inconveniences of any kind concerning property or personal injuries (physical or emotional) or death which may result directly or indirectly from that child's participation in the Program unless that damage or injury is the direct and proximate result of the gross negligence or wanton or reckless misconduct of WOD or that of an employee, agent, affiliate, staff member or cooperative institution.

APPLICANT SIGNATURE

Address

NAME (printed)

Date