

Ghana Rural Integrated Development

Waiver and Release Form

Name

Address

Waiver and Release

In consideration of the acceptance of my entry in the volunteer program of Northern Empowerment Association, Ghana, I, myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury, death or damage and release Northern Empowerment Association and their sister organization in Canada, Ghana Rural Integrated Development and all other organizers, sponsors, representatives, their agents, directors, officers, volunteers and employees and any other person or organization assisting in the volunteer program from any claims, demands, damages, actions or cause of actions arising out of or in consequence of any loss, injury, death or damages to my person or property incurred while participating in or traveling to or from the location of this program. I further state that I am in proper condition to participate in this program and am aware that participation could, in some circumstances, result in physical injury or even death.

Read and signed in _____ on _____ .
location date

Volunteer Signature

Witness Name

Witness Signature