Quien suscribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de Nacionalidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_, portador/a del documento de identidad No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, en calidad de Misionero/a Voluntario/a para la **Fundacion Go Mad Dominican Republic**, por el periodo que va desde el día \_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) del mes de \_\_\_\_\_\_\_\_\_\_\_\_\_, del año Dos mil \_\_\_\_\_\_\_\_\_\_ (20\_\_), por medio del presente documento, declaro BAJO LA FE DEL JURAMENTO, lo siguiente:

**PRIMERO:** Declaro que me encuentro en buen estado de salud y que no tengo ningún impedimento medico previo, que me prohíba realizar algún trabajo físico. -

**SEGUNDO:** Que por mi propia voluntad he decidido prestar mis capacidades físicas e intelectuales en favor de los beneficiarios de beneficios brindados por la **Fundacion Go Mad Dominican Republic,** en calidad de Misionero Voluntario. -

**TERCERO:** Que no me considero un empleado de la **Fundacion Go Mad Dominican Republic,** y que en consecuencia no espero remuneración alguna por las labores que estaré realizando en beneficio de la **Fundacion Go Mad Dominican Republic.**

**CUARTO:** Declaro asimismo que mientras desarrolle trabajos y actividades, físicas o intelectuales en beneficio de la **Fundacion Go Mad Dominican Republic** o sus beneficiarios, tendré todos los cuidados y precauciones necesarias para cuidar de mi integridad física, y que si llegare a provocar o a ocasionar algún daño, deliberadamente o no, tanto de origen material como personal, me hago el únicoresponsable personal del mismo, por lo que declaro reconocer y aceptar que soy responsable de todos los daños, tanto materiales o personales que pueda sufrir de forma personal o que pueda ocasionar en perjuicio de cualquier tercero, durante mi voluntariado y misión en favor de la **Fundacion Go Mad Dominican Republic.-**

**QUINTO:** Declaro que entiendo y acepto que existen riesgos inherentes de lesiones graves o incluso la posible muerte producto de las actividades que estaré realizando en beneficio de la **Fundacion Go Mad Dominican Republic,** y por ello, por medio de la presente, con la intención de estar legalmente obligado, tanto por mí mismo/a, mis herederos y cesionarios, ejecutores y administradores, mediante este documento hago formal renuncia de derechos de reclamación o demanda en contra de la **Fundacion Go Mad Dominican Republic** y así mismo renuncio y libero para siempre de cualquier responsabilidad y todos los reclamos por daños y perjuicios a **Fundacion Go Mad Dominican Republic**, su presidente y demás miembros del consejo y de la mesa directiva y a sus empleados y sus respectivos representantes, por todas y cada una de las lesiones y/o pérdidas que yo pueda sufrir, y que puedan de alguna forma estar asociados con mi participación en las actividades desarrolladas por la **Fundacion Go Mad Dominican Republic.-**

**SEXTO:** Al firmar este documento, yo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RENUNCIO y LIBERO** a la **Fundacion Go Mad Dominican Republic,** su presidente y demás miembros del consejo y de la mesa directiva y a sus empleados y sus respectivos representantes de cualquier responsabilidad por cualquier daño a mi persona, de carácter intelectual, físico, moral o de cualquier otra índole, entendiendo que al firmar esta Renuncia y Exoneración, expresa y voluntariamente acepto asumir la responsabilidad total por cualquier riesgo que pueda resultar producto de las actividades que vaya a realizar. En mi nombre, en el de mis herederos, cesionarios y parientes más cercanos, renuncio a todas las reclamaciones por derecho laboral, por daños y perjuicios, lesiones y muerte sufridas, que pueda querer intentar en contra de las partes ya mencionadas, y que estén relacionadas con dichas actividades. Entiendo que la actividad en la que participaré puede ser peligrosas o de alto riesgo y puede causar lesiones graves, incluidas lesiones corporales, daños a la propiedad personal y/o la muerte. Al firmar esta renuncia, asumo cualquier riesgo y asumo toda la responsabilidad y asimismo renuncio a cualquier reclamo o demanda. Si resultare herido o lesionado por dicha actividad, no haré responsable a la parte eximida, aunque las lesiones hayan sido causadas por negligencia de mi parte o de la parte eximida, o de cualquier otra parte afiliada a la mencionada parte exenta.-

HE LEÍDO Y ACEPTO PLENAMENTE LOS TÉRMINOS DE ESTA RENUNCIA Y EXONERACIÓN. ENTIENDO Y CONFIRMO QUE, AL FIRMAR ESTA RENUNCIA Y EXONERACIÓN HE DESISTIDO DE DERECHOS LEGALES FUTUROS CONSIDERABLES. HE FIRMADO ESTA RENUNCIA LIBRE Y VOLUNTARIAMENTE. -

**Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** Identificación No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fecha*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, serving as a Missionary Volunteer for Go Mad Dominican Republic Foundation, from (team dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

by means of this document, I declare UNDER FAITH, the following:

FIRST: I declare that I am in good health and that I have no previous medical impediment that prohibits me from doing any physical work. -

SECOND: That by my own free will I have decided to lend my physical and intellectual abilities in favor of the beneficiaries of benefits provided by the Go Mad Dominican Republic Foundation, as a Volunteer Missionary. -

THIRD: That I do not consider myself an employee of the Go Mad Dominican Republic Foundation, and that consequently I do not expect any remuneration for the work that I will be doing for the benefit of the Go Mad Dominican Republic Foundation.

FOURTH: I also declare that while I carry out work and activities, physical or intellectual, for the benefit of the Go Mad Dominican Republic Foundation or its beneficiaries, I will take all necessary care and precautions to care for my physical wellbeing, and that if I were to cause any harm to myself or my possessions, deliberately or not, I will take sole personal responsibility for it. I promise to recognize and accept that I am responsible for all damages, both material and personal, that I may personally suffer or that I may cause to the detriment of any third party, during my volunteering and mission in favor of the Go Mad Dominican Republic Foundation.-

FIFTH: I declare that I understand and accept that there are inherent risks of serious injury or even possible death as a result of the activities that I will be carrying out for the benefit of the Go Mad Dominican Republic Foundation, and therefore, through this document, with the intention of be legally bound, both by myself, my heirs and assigns, executors and administrators, by means of this document I formally waive rights to claim or demand against the Go Mad Dominican Republic Foundation and likewise waive and release forever from any liability and all claims for damages to Go Mad Dominican Republic Foundation, its president and other members of the council and the board of directors and its employees and their respective representatives, for each and every one of the injuries and/or losses that I may suffer, and that may in some way be associated with my participation in the activities developed by the Go Mad Dominican Republic Foundation.-

SIXTH: By signing this document, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WAIVE and RELEASE the Go Mad Dominican Republic Foundation, its president and other members of the council and the board of directors and their employees and their respective representatives from any responsibility for any damage to my person, from intellectual, physical, moral or any other nature, understanding that by signing this Waiver and Release, I expressly and voluntarily agree to assume full responsibility for any risk that may result from the activities to be carried out. On behalf of myself, my heirs, assigns and next of kin, I hereby waive all claims for labor law, damages, injuries and death suffered, that I may want to bring against the aforementioned parties, and that are related to these activities. I understand that the activity in which I will be participating may be dangerous or high risk and may result in serious injury, including bodily injury, personal property damage, and/or death. By signing this waiver, I assume any risk and assume all liability and waive any claim or demand. If I am injured or injured as a result of such activity, I will not hold the Released Party liable, even if the injuries were caused by the negligence of myself or the Released Party, or any other party affiliated with such Released Party.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND AND CONFIRM THAT, BY SIGNING THIS WAIVER AND RELEASE, I HAVE WAIVED SUBSTANTIAL FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS WAIVER FREELY AND VOLUNTARILY. –

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No**.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name (If under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Information

Mission Team/ Group Name:

Participant Name:

We have a few questions from the Go MAD team, just in case of emergencies. We like to have a basic idea of any medical needs you may have – please answer these questions to the best of your knowledge, and add any extra information you think we may need to help you in an emergency.

Do you have any known medical conditions? If yes, what?

Do you take any medication regularly? If yes, please name the medication, dosage and frequency. Please make sure you bring any medications you need with you on your trip!

Do you have any known allergies? If yes, what and how is it treated?

Next of kin Name: Contact Number:

What is their relationship to you?

If you are under 18, please provide the name and phone number of your parent/guardian

Name:

Contact Number:

Thank you! We hope we wont need any of this information, but its always better to be prepared!!