



RISK STATEMENT AND LIABILITY WAIVER

Name of Participant:

1. I acknowledge that travel to foreign countries may involve many risks including, but not limited to, terrorism, diseases, search and/or seizure of property by customs or other governmental authorities, personal liability, risk of personal injury to me including disability or death, loss or damage to property belonging to me and others, differing customs and legal requirements.
2. I understand that the social, cultural, political, religious, governmental, health care, legal (both civil and criminal) and other systems, as well as the geophysical characteristics, of foreign countries may be different, in subtle and/or significant ways, from those in the United States. For example, behavior that is considered normal or acceptable in the United States may be illegal or socially or culturally unacceptable or offensive outside the United States and may result in penalty, fines or imprisonment. I understand that police, fire and other governmental systems may differ from U.S. standards in certain countries, and that the quality and availability of health care may be very different than the United States. Finally, I am aware that certain activities carry increased levels of risk by their nature (for example strenuous physical activity, sea travel, etc.).
3. I understand that IntraAwareness LLC is not responsible for my safety and knowingly and voluntarily agree to assume any and all risks associated with participation in the above-described travel opportunity (the "Program"). I also acknowledge that my participation in the Program is optional and that my participation would not have been permitted without this waiver and release.
4. To the maximum extent permitted by law, I release IntraAwareness LLC, its trustees, officers, faculty, employees, representatives, agents, or anyone accompanying this Program, or their heirs or estates, in their official and individual capacities (collectively, "IntraAwareness") from, and agree not to sue IntraAwareness for, any and all claims and causes of action for loss of or damage to property, bodily or personal injury, loss of companionship or support, or death sustained by me or third parties arising out of any activity or travel associated with my participation in the Program.
5. I agree to defend, indemnify and hold harmless IntraAwareness for any and all losses, expenses, claims, judgments and liabilities (including attorneys' fees) of any nature arising out of, or in consequence of, my acts, words, conduct, etc. in connection with the Program including, but not limited to, damage to property, any injuries or death sustained by any person(s) as a result of my actions or inactivity. I further understand that nothing stated herein shall relieve me from my obligation to uphold and support all rules and regulations for participation in the Program, as set forth by IntraAwareness.

6. I have reviewed applicable current travel advisories issued by the U.S. Department of State and the Center for Disease Control relating to all foreign destinations listed above.

7. I understand and acknowledge that IntraAwareness is not providing personal chaperones or supervision with respect to the Program, and that I am responsible for my individual conduct, health and safety at all times.

8. I acknowledge that if I decide to travel to a center/program site before the official Program dates, or choose to stay at the location site after the official Program dates, I do so of my own volition and at my sole risk and responsibility, and IntraAwareness has no obligation or responsibility to assist me in case of an emergency. I acknowledge that the same conditions apply if I decide to travel to places or countries outside the program's parameters within the official Program dates. I accept the responsibility to notify my emergency contacts of my personal plans.

9. I am in good health, have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in the Program, and have not been advised otherwise by a medical practitioner. I acknowledge that I have been guided to purchase trip insurance through the link provided by IntraAwareness, or a vendor of my own choosing. IntraAwareness is in no way responsible for any accident or health costs or medical care.

11. I grant to IntraAwareness full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in this Program, including the provision of any emergency first aid, medication, medical treatment, or surgery deemed necessary by medical personnel. This authority will permit IntraAwareness, at its discretion, to place me, at my own expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hand of a local medical doctor for treatment. IntraAwareness is further authorized to fly me back home, at my own expense, for medical treatment if, in consultation with local medical authorities, this is deemed to be necessary. I also authorize medical personnel to execute any documents relating to medical attention and to act on my behalf, if I am unable to do so.

12. I agree that at all times I will follow the directions of IntraAwareness personnel accompanying the Program in all matters related to my participation in the Program. IntraAwareness reserves the right to suspend or terminate my participation in the Program if it be deemed that my acts, words or conduct are detrimental to, or incompatible with, the interests, purpose or welfare of the Program or of IntraAwareness. This suspension or termination will in no way entitle me to a refund for any unused portion of the cost of the Program.

13. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.

14. This agreement represents my complete understanding with IntraAwareness concerning IntraAwareness' responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with IntraAwareness on this subject, whether written or oral.

15. This Waiver is a legally binding agreement and will be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

16. This Waiver may be executed in counterparts, including facsimile signatures, and all such counterparts shall constitute one agreement, binding upon all parties hereto.

17. I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release

Liability Waiver For International Travel Signature below will indicate the following:

I, _____ (name), have read the risk statement and liability waiver. I am aware of the hazards and risks to myself and my property associated with traveling to _____ (country) on the dates of _____ to _____ (year). This is to certify that I will not hold IntraAwareness or any person connected to IntraAwareness liable for injury, disease, or delay of return, or any other claims, while under the supervision of IntraAwareness. This signed document allows IntraAwareness and any person connected to IntraAwareness to use any and all photos and video taken during an expedition for promotional and advertising use. I understand that this trip involves potential dangers, including disease, violence, riots, earthquakes, theft or damage to personal property, heat, humidity, and physical deprivation. I understand that I am subjecting myself to all of these risks, which may result in the loss of property, serious injury and possibly death. Notwithstanding these risks, I wish to participate. I assume the risk of participating in this endeavor. I hereby release and discharge IntraAwareness and any person connected to IntraAwareness from any and all claims, costs, or liabilities for death, personal injury, loss or damages of any kind or nature which may happen during this trip, including claims arising from IntraAwareness and/or any person connected to IntraAwareness own negligence. I agree not to sue IntraAwareness or any person connected to IntraAwareness for any of the claims I have released and discharged. This Release of Liability shall be binding on my heirs, assignees, successors, and personal representatives, and anyone else who may seek to sue on my behalf.

Dated this _____ day of _____, _____.

Participant signature _____

Participant Name (please print) _____



PARTICIPANT TRAVEL PROFILE

Personal Information	
Name	
E-mail address	
Home phone	
Cell phone	
Home Address	
Billing address	
Passport	
Country of birth	
Name as it appears on passport	
Date of Birth	
Country of citizenship	
Passport Number	
Passport Expiration date	
Frequent Flyer Programs	
Airline name	
Account number	
Airline name	
Account number	
Airplane Travel Preferences	
Seat Position (e.g., aisle, window, center)	
Hotel Programs	
Roommate Name(s) for Hotel Room	
Hotel Room Preferences	
Bed Type (king, double, single)	
Dietary Requirements (e.g., no preference, vegetarian, kosher, heart-healthy)	