

Waiver and Release Form

*Accessible Hope International, PO Box 334, Wheaton IL 60187
Shalom Retreat Centre, Makeni, Sierra Leone*

As owner of the Shalom Retreat Centre, Accessible Hope International, a US registered 501c3 non-profit, does not and cannot assume responsibility in case of sickness, including but not limited to COVID-19, and/or accidents involving guests at the Shalom Retreat Centre (SRC).

As such, and to protect both you as our guest, AND our Sierra Leonean staff at the SRC from harm or illness, ***we strongly recommend that any and all guests at the SRC be vaccinated against COVID-19*** prior to staying at the facility. All of our SRC staff have been vaccinated.

Prior to staying at the SRC, please read and sign below.

I, the undersigned hereby assume all risk of sickness, injury, or harm as a result of my voluntary stay at the Shalom Retreat Centre, and agree to release, indemnify, defend, and forever discharge Accessible Hope International from all liability, claims, demands, damages, costs, expenses, and causes of action due to death, injury, loss, or damage. I do undertake to provide for my own financial needs and support, and acknowledge that I am not an employee, servant, or agent of Accessible Hope International, and as a voluntary guest, do not want to burden the said organization with any responsibility for sickness, accidents, or other mishaps, serious bodily injury, permanent disability or death, (whether or not caused in the whole or in part by the negligence of the misconduct of the organization mentioned above). I understand I must make my own provision for such eventualities, releasing Accessible Hope International and any and all of their departments, segments, officers, agents, and employees from all claims and demands in connection with as a result of my stay at the Shalom Retreat Centre. This agreement is binding upon the heirs, executors, and assigns of the persons signing this form.

Invalidity/Unenforceability: If any provision of this form is held to be invalid or unenforceable, this form shall be construed as if such invalid or unenforceable provision was not contained herein.

I have carefully read this waiver, release of liability, indemnification and consent. I understand that by signing this agreement I am giving away substantial rights, and I am indicating that I fully understand, agree to and accept all of its provisions.

I have read the information provided from the Center for Disease Control regarding travel to Sierra Leone (<http://wwwnc.cdc.gov/travel/destinations/sierra-leone.aspx>) and have reviewed all of the health recommendations for Sierra Leone. I will consult with my physician concerning the necessary precautions and will comply with the recommendations of my physician. I agree to assume all risks regarding immunizations and medication.

Applicant Signature _____ Date _____

Witness (must be over 18) Signature

_____ Date _____