



2009
ENDEAVOR TRIP RELEASE FORM
GROUP CONNECTIONS TRIP - DOMINICAN REPUBLIC
endeavor.dr@lareddelcamino.net
Please read and sign below.

The following guidelines are recommended by Endeavor Trips for all participants. It is our desire for our participants to experience spiritual and personal growth during this trip. Participants are not only tourists. They go as guest at the invitation of Endeavor Trips into the community in which they are serving. It is important to understand that adjustments must be made for the expectations of the host community. Therefore in consideration of the opportunity to participate on this trip, and in consideration of other obligations incurred by Endeavor Trips, please review the following agreement and sign below:

1. I/we agree to be unselfish and respectful in my/our daily dealings with others.
2. I/we agree to cooperate at all times with the Endeavor Trips staff concerning our work and life together, including, food, accommodations, transport and the agreed upon serving component.
3. I/we agree to abstain from offensive habits, including the abuse of alcohol and use of illegal narcotics while on this trip.
4. I/we give permission for Endeavor Trips to use photographs containing my/our image for informational and/or promotional purposes.
5. By submitting an application form to be a part of an Endeavor Group Connections Trip through the Del Camino Connection (DCC), I understand that I am personally responsible to pay for my/my family's trip costs; and to secure the needed accident and medical liability insurance for myself and each family member before departure. I understand that the dates of choice submitted are not final until confirmed by Endeavor Trips D.R.
6. Furthermore, I/we acknowledge that the DCC will not allow me/my family to participate in the Activities without releasing and holding the DCC harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I/we may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT THE DCC ALLOW ME/MY FAMILY TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE DCC, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE DCC, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, INCLUDING ANY NEGLIGENCE OF THE DCC, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH WE PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I/WE MAY SUSTAIN AS A RESULT OF MY/OUR PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. This Agreement is binding on my heirs, successors and personal representatives, their agents, employees, and officers from all claims, demands, actions, judgments and executions, which I ever have or now have or which my heirs, executors, administrators, or assigns and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of, the above described mission service. I/we intend to be legally bound to this statement.

Please read the above and sign below.

Individual Trip Participant 18 Years of Age or Older:

Name on Passport / Passport Number/Country of Issue/Expiration Date:

Signature: _____

Date: _____

Spouse Participating On Trip:

Name on Passport / Passport Number/Country of Issue/Expiration Date:

Signature: _____

Date: _____

Child Under 18 Years of Age Participating on Trip with Parent:

Name on Passport / Passport Number/Country of Issue/Expiration Date:

Please print, complete, sign and mail/fax to:
Del Camino Connections, dba Endeavor Trips
P.O. Box 450, Wheaton, IL 60187-0450
(fax): 630-580-5757

STATEMENT OF RESPONSIBILITY AND AUTHORIZATION WAIVER, RELEASE
AND INDEMNIFICATION AGREEMENT

I, _____, am a student of Rush University/ resident/ faculty staff at Rush University Medical Center. I have the opportunity to participate in an International Elective Program ("Program") to take place with _____ (name and address of sponsor). I have the opportunity to receive academic credit through participation in the program. In consideration of the University's agreement to permit me to participated in this program, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the countries in which I will be living and/or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and I, absolve the University of all responsibility and liability for any injuries, illnesses, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University's Director of the Program any physical or mental condition I have which may require special medical attention or accommodation during the Program at least ninety (90) days prior to departure.

2) I hereby give my consent for any medical treatment that may be required during my participation in the elective with the understanding that obtaining treatment is my responsibility. I further give my release of any health information that may be necessary to facilitate such medical treatment. I hold Rush University Medical Center, its representatives, students, agents and other responsible parties harmless from any liability, neglect or otherwise with regard to seeking emergency medical treatment on my behalf. I fully authorize emergency medical treatment on my behalf in the event of such need and I am responsible for the costs of such treatment.

2) I understand that the University reserves the right to make changes to the Program at any time and for any reason, with or without notice, and that University shall not be liable for any loss whatsoever to participants by reason of any such cancellation or change. The University is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes. Any additional expense resulting from the above will be paid by the participant.

4) I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changed, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather strikes, natural disasters, war quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries or damage to property,

bankruptcies or airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carrier, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely.

5) The University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, I understand that I may be required to leave the Program in the sole discretion of the University's agents and representatives, and may be referred to the appropriate University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the Program. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion to cancel the Program or any aspect thereof after departure, requiring that all participants return to the United States, if the University determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

6) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property, or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program and /or any travel incidental thereto.

7) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, losses, damages, judgments or expenses, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions or causes of action that arise out of, occur during, or are in any way connected with my participation in the Program and/or any travel incidental thereto.

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8) I agree that this Statement of Responsibility and Authorization: Waiver, Release and Indemnification Agreement, is to be construed under the laws of the State of Illinois, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms and conditions, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Signature	Name (Printed)	Date
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THE STATE OF ILLINOIS COUNTY OF _____
SUBSCRIBED AND SWORN TO BEFORE ME by the said _____
on this the _____ day of _____, 20__

Notary Public in and for the state of ILLINOIS

Rush University
INTERNATIONAL ELECTIVES CODE OF CONDUCT

I, _____ agree to abide by the following code of conduct while participating in the _____ trip:

1. I agree to be unselfish and respectful in my daily dealings with others.
2. I agree to cooperate at all times with the staff concerning our work and life together, including food, accommodations, transport, and the agreed upon service component.
3. I agree to abstain from offensive habits, including the abuse of alcohol and use of illegal drugs while on this trip.
4. I agree that I have an obligation to observe and respect the laws and customs of our host country.
5. I agree that I will carry out my duties and conduct myself in a professional and conscientious manner, as a representative of Rush University, at all times.

Signature

Printed Name

Date