

Liability Waiver and Insurance Statement

I, _____ acknowledge that my participation in the _____ program at WSBS from _____ to _____ may involve risks including, but not limited to boat/motor vehicle accidents, physical injury, disease, sickness or death, and property damage. I further understand that WSBS is remote, either by time or distance or both, from competent medical assistance. I acknowledge that living in an isolated village is a potentially dangerous activity and involves risk of serious injury and/or death and/or property damage. Nevertheless, I choose to proceed even in the absence of competent medical assistance.

Hereby, I assume full responsibility for any risk of bodily injury, death or property damage, now and forever. I indemnify and hold harmless WSBS, its facility, its staff, or any of its officers, instructors, agents or employees from any liability arising from, or proximately caused by my participation in this program.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect during the date(s) of this program. The insurance company is:

_____ and my policy number is _____.

Printed name _____ Date of birth _____

Passport Number _____ Permanent Address _____

I have read this Liability Waiver and Insurance Statement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss and realize the potential dangers incidental into my staying at WSBS and/or participation in its programs and activities.

Signature _____ Date _____

IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE:

I am fully aware of the risks that may be involved, and I consent to have my child participate in the aforementioned program. Insurance coverage is indicated above.

Parent/Guardian Printed name

Signature Date