



**Belize Study Abroad**  
**Assumption of Risks and Agreements of Release and Indemnity**  
**Liability Waiver Form**



**IMPORTANT NOTICE**

BY SIGNING THIS DOCUMENT, YOU WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION AS THE RESULT OF AN ACCIDENT AND/OR INJURY.

**Agreement to Indemnify**

By signing this Agreement, you agree to indemnify Monkey Bay Wildlife Sanctuary (MBWS) and Tobacco Caye Marine Station (TCMS), including their:

- Directors, officers, employees, instructors, guides, agents, representatives, contractors, subcontractors, suppliers, sponsors, volunteers, interns, successors, and assigns.

**Acknowledgment of Risks**

I, \_\_\_\_\_, wish to participate in the activities outlined in the Study Abroad Program Itinerary prepared by MBWS and TCMS and approved by my school institution.

I acknowledge the following:

- Participation in these activities may involve risks, including but not limited to:
  - Physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death.
- These injuries or outcomes may arise from my own actions, others' actions, inaction, negligence, travel conditions, or the condition of the activity location(s).

Despite this, I voluntarily assume all risks, both known and unknown, associated with my participation in these activities, including travel to, from, and during the activity. This waiver applies to myself, my next of kin, spouse, parents or guardians, heirs, executors, administrators, legal representatives, or anyone acting on my behalf.

**Release of Liability**

I agree to:

1. Hold MBWS and TCMS harmless from any claims, including attorney's fees or damage to personal property, that may result from my participation.
2. Reimburse MBWS and TCMS for any expenses incurred as a result of my actions.
3. Accept full responsibility for any medical treatment costs arising from participation.

**Acceptance of Risks**

I hereby expressly, knowingly, freely, and voluntarily:

- Accept and assume all risks involved in MBWS and TCMS activities.
- Waive any and all rights to claims or demands, including those due to simple negligence, for

accidents, injuries, or death arising from participation.

## **Warranty of Physical Fitness**

I warrant that:

- I am physically fit and in suitable condition to fully participate in the activities.
- I maintain medical insurance covering accidents and illnesses during participation.
- I accept full responsibility for payment of medical expenses not covered by insurance.

MBWS and TCMS have not investigated my physical fitness or ability to participate and rely on my warranty of my physical condition.

## **Emergency Medical Treatment**

I grant MBWS and TCMS permission to:

- Authorize emergency medical treatment as deemed appropriate.
- Be released from any liability for injury or damage arising from such treatment.

## **Photo and Media Release**

I grant MBWS and TCMS permission to use:

- Photos, audio, videos, and recordings of me or taken during the program for publications, including web-based content, without payment or other consideration and I waive the right to inspect or approve the final product.

## **Legal Consequences**

I understand that by signing this document:

- I abandon any rights to sue MBWS or TCMS for injury, property damage, or death arising from participation.
- I accept and assume all risks associated with the program.
- If I decline to sign, I will not be permitted to participate in or attend activities included in the Study Abroad Program Itinerary.

## **Jurisdiction**

This document is governed by the laws of Belize. If any portion is found invalid or unenforceable, I remain bound by the remaining terms.

## **Signature Section**

I am 18 years or older. I understand the legal consequences of signing this document, including:

1. Releasing MBWS and TCMS from all liability.
2. Promising not to sue.
3. Assuming all risks of participation, including travel to, from, and during the activity.

**Participant Name (Print):** \_\_\_\_\_

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

**For Participants Under 18 Years of Age**

As the parent or legal guardian of the Participant, I understand the legal consequences of signing this document on their behalf, including:

1. Releasing MBWS and TCMS from all liability.
2. Promising not to sue on my or the Participant's behalf.
3. Assuming all risks of participation, including travel to, from, and during the activity.

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Minor Participant Name:** \_\_\_\_\_