

Project Shine Summer Trip 2017 Release and Waiver of Liability Form

It is to my understanding that anything related to Project Shine Summer Trip 2017, a two-week trip to Guangxi China in July 2017 with the purpose of teaching English to local school students and/or teachers, in which I am a member, includes various activities, which at times, cannot be controlled by CRRS (Culture Regeneration Research Society).

I, _____ acknowledge that CRRS makes no representations the condition of the trip at any time. I or anyone else who may claim on my behalf to acknowledge and accept the possibility of personal injury, death or property damage resulting from the negligence or carelessness, or actions, or omissions of other participants, or otherwise; and agree that CRRS and its representatives shall not be liable to me or anyone else who may claim on my behalf for any personal injury, death or damage to property or loss of any kind whatsoever sustained during Project Shine Summer Trip.

I or anyone else who may claim on my behalf shall not sue, and waive, release and discharge CRRS and its representatives from all claims or liability for personally injury, death, damage to property or loss of any kind howsoever caused in relation to my participation in the Project Shine Summer Trip.

I hereby guarantee that I am in good health and mental condition. I am not a carrier of infectious or contagious disease of any kind and know of no medical reason that would prevent my participation of any activities provided by CRRS and its representatives.

I or anyone else who may claim on my behalf shall waive, release and discharge CRRS and its representatives from all claims or liability for any consequence from personal conversation to individuals in China on faith and religious matters.

I will obey and abide to all instructions and rules given by CRRS and its representatives.

I have read and understood this agreement prior to signing it, and agree that this agreement will be binding upon myself and anyone else who may claim on my behalf.

Signature of Participant

Date

Participants under 19 years of age must also have a parent/guardian signature below:

I, _____ the parent/guardian of the participant have read and understood this agreement. I understand that by signing this waiver form, we agree to give up all legal rights to sue CRRS and its representatives.

Name of Parent/Guardian (Print)

Relationship to Participant

Signature of Parent/Guardian

Date

Project Shine Summer Trip 2017

Behavioral Commitment Form

Name of Project Shine team member: _____

It is required for team members adhere to all rules and maintain integrity and moral values of Project Shine's representing staff.

By signing this, I have read thoroughly the "Policy & Rules of Project Shine" and agree to abide by the rules laid out by the staff of CRRS (Culture Regeneration Research Society) for **Project Shine Summer Trip** in July 2017.

I acknowledge that not following the Rules of Project Shine may result in the consequences of:

- 1) Phone call or email made by team leader during or after the trip to parents of the individual (if under age) to report misbehaviors.
- 2) Individual being expelled immediately from the project and sent home on his/her own expenses during the trip.
- 3) Individual will be suspended or banned from coming back to Project Shine in future year/years to come.
- 4) Individual will not receive a reference or volunteer hours if they wish to use CRRS or Project Shine team manager/ team leader as a reference for school applications and jobs.

I acknowledge that each team member is representing CRRS as we go on this trip; each member is also representing Canadians in this cross-cultural trip. Therefore each person is responsible for conducting themselves in a respectful manner at all times.

Please sign as follow:

Your Name: _____ Parent name (if under 19): _____

Your Signature: _____ Parent Signature (if under 19): _____

Date signed: _____ Date signed: _____