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**TANAKA CHIROPRACTIC MISSIONS**

**TERMS AND CONDITIONS**

Mission Trip: **Chiropractic Mission Trip to Guatemala**

 **From \_\_\_\_\_\_\_ through \_\_\_\_\_\_\_, 2022**

 (“Mission Trip”)

I hereby certify that I am of legal age and competent to execute this Waiver, that I am doing so of my own free will and accord, voluntarily and without duress. I voluntarily, at my own risk, sign this Waiver of Liability and Assumption of Risk (“Waiver”) in sole consideration of being permitted to participate in the Mission Trip.

And in addition, in consideration for permitting me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate as a Volunteer in the Mission Trip as directed by relevant staff, I agree as follows:

**Personal Risk**

I hereby acknowledge, agree and understand: the nature of the Mission Trip; that I am qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Mission Trip: and that, except as expressly set forth herein, I knowingly and voluntarily accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation in the Mission Trip.

**Indemnification**

I hereby release, waive, discharge and covenant not to sue Tanaka Chiropractic Missions (“TCM”) or any subdivision thereof, and each of them, their officers, agents and employees (collectively the “Releasees”) for any liability resulting from any personal injury, accident or illness (including death), and/or property loss/damage, however caused, arising from, or in any way related to my participation in the Mission Trip, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

I hereby agree to indemnify, defend and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney’s fees, arising from or in any way related to my participation in the Mission Trip, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable. I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities.

**Travel**

I agree that I amsolely responsible for arranging and paying for my travel to the destination country. This includes airfare and/or other transportation costs to and from the destination country as well as all local transportation costs to and from the Mission Trip embarkation and termination sites.

I agree that it is my responsibility to carry the necessary documents when traveling internationally (e.g. valid passport, visas and other travel requirements if applicable), and assure that they are sufficient, up to date and valid for my participation in the Mission Trip.

**Insurance**

Since Tanaka Chiropractic Missions does not provide participants with insurance of any kind, I agree that I am solely responsible for same, including evaluating and determining the kind of insurance I should have, and purchasing it prior to departure for the Mission Trip.

**Feedback & Photos**

I agree that Tanaka Chiropractic Missions may use any feedback, comments, photos and other images of or provided by me as a consequence of the Mission Trip.

**Rules & Safety Regulations**

I hereby agree to abide by all rules, instruction, policies and procedures imposed by TCM relating to the travel, transportation and participation in the Mission Trip.

I agree to abide by all local laws, as well as all rules stipulated by Tanaka Chiropractic Missions, with respect to alcohol consumption and drug usage.

I agree that as a result of my violating any of these rules and regulations, Tanaka Chiropractic Mission may immediately terminate me as a Mission participant, with any travel or other costs that I may incur as a result of this decision being my sole responsibility.

**Refund Policy**

I agree that, subsequent to my acceptance as a Mission Participant, my Mission Participant fee is nonrefundable.

**Miscellaneous**

I acknowledge that: the ***tanakamissions.org*** website exists for the sole purpose of promoting its programs; that there is no guarantee or implied warranty that the information and materials contained in this website are error-free; that no liability is assumed for errors, omissions, or damages resulting from the use of the information contained herein. The information provided is on an “as is” basis.

Tanaka Chiropractic Missions reserves the right, at its sole discretion, to refuse acceptance of any application or participant.

I have read and understood the foregoing, and acknowledge my consent to these Terms and Conditions by signing below.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_