# PARTICIPATION AGREEMENT

**KAWSAY CENTER (KC)**

Name of Participant (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have requested to be a (volunteer, intern or researcher) ........................at the station, for the specific activity described in your application (the “Activity”). Activities associated with travel and research involve risks and it is important for you to fully evaluate the risks associated with the Activity and to provide us with the required information before you participate in the Activity. It is important to understand that this location is a distance from the nearest city and accommodation is basic. You must read carefully and sign this Participation Agreement before you may take part in any activity arranged through or as part of the operation of the station.

**PLEASE READ THIS AGREEMENT CAREFULLY**

**THIS IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE ACTIVITY.**

I confirm by my signature below that I understand and agree to the following:

1. **Risks of Travel and Program Participation**. I understand that risks are inherent in traveling to and living in new places. I understand that the political, environmental and cultural situations in foreign countries differ from those in my own country. I understand these situations can be unpredictable and may become volatile and dangerous, often within a short period of time. I understand there are health risks, as well as risks associated with wildlife, motor vehicles, boats and potentially poor driving conditions. I understand that KC makes no guarantees of timely access to medical attention or the availability of medications or supplies. Access to hospital and medical attention in emergency it will take around 4 hours by boat. I understand the dangers inherent in international travel and remote research work, the risks presented to my own health and well being, and my desire for personal growth and experience by traveling and conducting research internationally. I acknowledge there may be additional factors of which I am unaware or which have not been brought to my attention. These risks could result in property damage and/or bodily injury, including injuries and illness caused by encounters with wildlife, parasites and insect-borne pathogens, and even death. I agree to accept and assume, knowingly and voluntarily, all risks associated with the Activity whether present or future, known or unknown, arising from or as a result of my voluntary participation in the Activity. I hereby elect to participate in the Activity.
2. **Behavior Expectations of the Participant**: I understand that as a participant I have the responsibility to contribute to the success of the Activity by conducting myself in a manner that reflects favorably on the KC and all participants in the Activity. I certify that I have completed all preparation activities as mandated by KC and will complete all follow-up activities as may be required.

I further understand that KC reserves the right to decline to approve my application to participate in the Activity at any time should my actions impede the operation of the Station or the rights or welfare of any person. I agree to comply with all local and international laws applicable to my Activity and my participation at the Station and to abide by all rules of conduct communicated by KC.

For researchers, follow-up includes completing an online survey on the nature and purpose of my research. I understand that this follow-up will help to the station inform local and national stakeholders about research activities at KC, and highlight their relevance to conservation and protected area management. I agree to provide this overview of my research (including photos) in everyday language, and I accept that the information I provide may be translated and made public in newsletters, reports, social media, and other outreach.

1. **Participant Obligations Relating to Medical Needs and Insurance**: By signing this Participation Agreement I agree:
2. To bear all financial responsibility for any medical treatment arising from my participation in activities at the Station, and specifically to obtain coverage under a policy of comprehensive health and accident insurance for the duration of my Activity. Such policy shall provide coverage for injuries and illnesses I sustain or experience while participating in the Activity, or as a consequence of my participation in the Activity. KC shall not provide medical insurance for, or assume financial responsibility for, any injury or illness I may incur while participating in the Activity or as a consequence of my participation in the Activity.
3. To obtain such other insurance coverage as may be relevant to my participation in the Activity. I also am aware that KC recommends that participants insure their property against loss or theft.
4. **RELEASE AND WAIVER OF LIABILITY**

**In return for KC providing access to the Station for my participation in the Activity, and having read and understood this Participation Agreement, I hereby voluntarily agree to the following:**

1. I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE KC, its affiliates, trustees, officers, employees or agents, (hereinafter referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, injury or harm of any sort, including death, that may be sustained by me, and for damage to any property belonging to me, that occurs as a result of my traveling to or from any site in connection with the Activity, or as a result of my participation in the Activity. It is my intent and agreement that the terms of this paragraph 4 shall bind any person asserting rights on my behalf, or otherwise asserting claims by or through me, including my spouse, family members, heirs, assigns and personal representatives.
2. I further agree that this Participation Agreement, including this paragraph 4, shall be construed in accordance with the laws. It is my intention not only to release any and all claims against RELEASEES, but also to relieve RELEASEES from any liability to make contribution to other tortfeasors on account of any claims.

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