

ORISA LIFESTYLE ACADEMY
LIVE THE MEDICINE!
510.485.2336, PO BOX 18941 OAKLAND, CA 94619

2018 NIGERIA TOUR
PARTICIPATION EMERGENCY CONTACT FORM

Personal Contact Info:

Name _____

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Any medical conditions: _____

Any allergies to medications: _____

Current list of medication: _____

I have voluntarily provided the above contact information and authorize Orisa Lifestyle Academy/ Agbole Foundation of America and its representatives to contact any of the above on my behalf in the event of an emergency.

Participant Signature _____ Date _____

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Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration for being allowed to participate in the 2018 Nigeria Trip (herein referred to as "Activity"), on behalf of myself and my next of kin, heirs and representatives, I release, waive, discharge, and covenant not to sue Agbole Foundation of America and their employees, officers, directors, volunteers and agents (collectively "AFA") from any and all claims, including but not limited to claims of AFA's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

Assumption of Risk: Participation in the Activity carries with it certain inherent risk that cannot be eliminated regardless of the care taken to avoid injuries. I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

Indemnification and Hold Harmless: I also agree to INDEMINIFY AND HOLD HARMLESS AFA from any and all claims, actions, suits, procedures, expenses damages and liabilities including but not limited to attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If AFA incurs any of these types of expenses, I agree to reimburse AFA. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

Acknowledgement of Understanding: I am 18 years or older. I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including (a) releasing AFA from all liability, (b) relinquishing my right sue AFA, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California and I am aware of the legal consequences of signing this document. I understand that I am signing this agreement freely and voluntarily and it is intended by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant Signature: _____

Participant Name (print): _____ Date: _____

Participants Address: _____

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Release & License to Use Image, Name and/or Voice

I, the undersigned, hereby grant the Orisa Lifestyle Academy (Agbole Foundation of America "AFA") permission to use, exploit, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my image or visual likeness, my name and/or my voice (the "Personal Information") as specified in this Release and indicated above, throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, internet websites, videotapes, and/or other media (the "Works") or commercial, informational, educational, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend, and save harmless AFA, its agents, employees, licensees and assigns (collectively, "Released Entities") from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Personal Information. I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied.

The Personal Information may be used at AFA's sole discretion, with or without my name or with a fictitious name, and with fictitious or accurate biographical material, alone or in conjunction with any other material of any kind or nature except that AFA will not use the Personal Information for any criminal or illegal purposes or in a manner inconsistent with community standards of decency.

I understand and agree that AFA is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials.

I am of full legal age and have read this release and am fully familiar with its contents and I consent to the terms of this Release & License.

Name: _____ Age: _____

Signature: _____ Date: _____

Address: _____ Phone: _____