Release & Exculpation Clause

This document is executed on the _____ day of _____, 20___, by _____ ("Participant") under the following circumstances:

1. Participant is an adult residing at _____.

2. Participant wishes to travel to Kenya with representatives of Chariots for Hope, Inc. (a non-profit corporation) for the purpose of volunteering time and work with children's homes in Kenya.

3. Participant expects to travel to Kenya from _____ to _____.

4. Participant has read and understands the attached Travel Warnings issued by the U.S. Department of State concerning travel to Kenya. Participant has also read the U.S. Department of State's Country Specific Information for Kenya and the Worldwide Caution, which are located on the U.S. Department of State's website: http://travel.state.gov

5. Participant understands that travel to and in Kenya involves high risks of serious injury, including permanent disability and death and severe social and economic losses, including but not limited to terrorist activities or suicide operations, bombs, kidnapping, and attacks on civil aviation, in addition to the pervading existence of diseases, illnesses, animal, reptile and insect bites and stings, and severe injuries inherent in the relative underdeveloped conditions existing in parts of Kenya where the volunteer will be traveling, working and living.

6. Participant is freely and willingly joining the above trip as a volunteer and has not been misled as to the significant above-stated risks involved in doing so.

7. Participant assumes all of the foregoing risks and accepts personal responsibility for any such injuries, permanent disability, death and/or economic and property losses, and hereby releases Chariots for Hope, Inc. and its representatives, agents and/or employees from any claims or responsibility for said damages, injuries or losses resulting from such trip to and in Kenya.

8. Participant agrees to hold Chariots for Hope, Inc., its representatives, agents and/or employees harmless from any such injuries, permanent disability, death and/or economic and property loss mentioned above. 9. Participant is responsible for traveler's insurance and health insurance coverage.

THIS DOCUMENT IS SIGNED ON THE _____ DAY OF _____ 20___.

_____ (Participant's Signature witnessed by Notary)

STATE OF:

SS COUNTY OF:

On this, the _____ day of _____, 20___,
before me a Notary Public for the State of _____, personally
appeared_____ known to me (satisfactorily
proven) to be the person whose name is subscribed to the within instrument, and
acknowledged that he/she executed the same for the purposes therein contained.
I hereunto set my hand and official seal.

_____
Notary Public (Seal)