

Form 2: Fiji Village Homestay Waiver and Assumption of Risk

Please read carefully and fill in the blanks before signing.

I, _____ (print name) agree as follows for the benefit of the Fijian Village, Reef Explorer, and AUIP. I agree to the following:

1. I hereby affirm that I am aware of the risks of staying in a Fijian village with unfamiliar food, customs, different living arrangements and housing standards.
2. I thoroughly understand that the village and activities I participate in may involve exposure to hazards, including hazards that I am unaccustomed to. These may result in possible injuries including, but not limited to, injuries resulting from drowning, slipping or falling, or being cut while walking on uneven ground. I understand that there is limited lighting around the village at night and that it is recommended that I wear shoes at all times outside of the houses.
3. Furthermore, I understand that Fijian lifestyle and local living standards may involve exposure to certain health risks. All due care has been taken to maintain reasonable standards of health and hygiene insofar as is practicable in the circumstances. Guests with prior medical conditions, hereditary ailments, physical disabilities, previous trauma or specific dietary requirements should advise the family they are staying with of this upon arrival, as well as the Faculty Leader prior to departing the U.S. The village accepts no responsibility for providing medical care, although it will use reasonable endeavours to arrange for you to have access to best medical care available. The village **STRONGLY** suggests guests bring and use mosquito repellents.
4. I accept that the village does not provide insurance for personal items, nor accept liability for loss, wear and tear or damage for aforementioned items.
5. I accept that the village also reserves the right to remove any person from the homestay without appeal, who does not abide by the curfew or who does not inform the family of extracurricular activities outside existing schedule. Homestays are reminded that they are guests in a family's home.
6. I further state that I am of a lawful age and legally competent to sign this liability release or that I have obtained the written agreement of my parent or guardian.
7. I further state that I am in good mental and physical condition, such that I can manage the additional demands possibly presented by the village environment and associated with this homestay. I have considered the risks and accept that it is my responsibility to discuss any concerns relating to fitness and wellbeing with my physician prior to departing for the Program. If I disclose any medical conditions I acknowledge that it is my responsibility to ensure that I have sufficient international medical insurance to cover me should an event necessitate this. Furthermore, I agree to disclose this information and present a copy of my travel insurance policy to the Faculty Leader for the Program.
8. I acknowledge that I have read the foregoing paragraphs and fully understand the potential dangers of incidentally engaging in this village homestay. I am fully aware of the legal consequences of signing this instrument and I understand and agree that this document is legally binding.
9. By signing this release, I certify that I am fully aware of and expressly assume all the risks involved in participating in a Homestay in a Fijian Village as arranged by Reef Explorer. I understand and agree that neither the family I am staying with nor the Village community nor Reef Explorer nor AUIP may be held liable or responsible in any way for any occurrence during the homestay which may result in personal injury, property damage, sickness, wrongful death, or any other loss or damage to me that may occur as a result of my participation in this village homestay, whether caused by negligence or other tortuous acts or otherwise.



10. This document shall be governed by and interpreted, construed, and enforced in accordance with the internal laws of New Zealand law and I agree that the New Zealand Courts shall determine any issues arising from it. In addition, I agree that should any provision or aspect of this document be found to be unenforceable, all remaining provisions of this agreement will remain in full force and effect.

Signature of participant

Printed Name of participant

Date

Permanent e-mail address

“WITNESS SIGN” - The signature of the individual signing the form must be witnessed by at least one other individual.

Signature of witness

Printed Name

Date