

REGISTRATION FORM

ISKCON Youth Ministry Europe Tour 2019

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Please fill out this form, read the legal agreement and, if you agree to abide by its terms, sign it in the presence of a notary public who witnesses your signature and affixes his or her notary stamp and seal. Take a photo of your completed notarized form and email it to us. Give the physical copy to the organizers when you meet up with the tour.

Legal Name: _____

Spiritual Name: _____

Address: _____

City: _____ State _____ Postal code: _____

Phone: _____ Cell: _____

Email: _____ Date of birth: _____
(MM/DD/YY)

Name and phone number of parent or next of kin in case of emergency:

Basic Rules

I understand that the organizers put a lot of effort into making this travel program safe for everyone, which requires that all participants follow basic rules. I promise to follow the below rules for the duration of the program:

- **I will follow the four regulative principles** of no meat eating, no gambling, no intoxication, and no sexual activity of any kind, and I will avoid flirting, sexual harrasment and unnecessary physical contact with others.

- **Bedtime curfews.** I agree to go to bed at designated times so everyone, including the organizers, gets a good night's sleep.

- **The Buddy System.** To ensure my own safety and that of others, I will abide by the buddy system. Whenever going anywhere out of earshot of the group, I will do so in the company of at least two other travel program participants.

- **I will help wherever help is needed.** I understand that the organizers volunteer their time to organize this program, that they don't get paid to do this, and I promise to help out with chores and services as needed.

- **I will follow the instructions of the organizers.**

I agree to follow the above rules throughout the travel program and will be on my best behavior. *I understand that if I choose not to follow the above rules I may be asked to leave without refund, traveling home at my own expense.*

Release and Hold Harmless Agreement

I am voluntarily participating in this travel program operated by ISKCON Youth Ministry Inc., a USA 501(c)3 non-profit charitable organization incorporated in Illinois, operating out of Alachua County, Florida, USA, its organizers, staff, assigns, chaperones and volunteers, hereafter referred to as "the organizers". I understand that I will be traveling throughout Europe from July 4, 2019 until August 19, 2019, in a moving vehicle such as a bus, van, car, train, or ferry boat, visiting Hare Krishna temples, events and festivals, and participating in activities such as, but not limited to, setting up, performing at, and taking down Hare Krishna festivals; cooking and preparing food; doing voluntary service at temples that may include landscaping, cleaning, painting; swimming in oceans, lakes, rivers and near waterfalls; taking public transportation and visiting tourist sights in cities; hiking in mountains; camping in wild natural settings. I understand that during these travels I may be exposed to inherent dangers associated traveling, such as but not limited to proximity to wild animals and biting insects, deep or fast moving bodies of water, mountain hiking trails near cliffs and steep drop-offs at high altitudes, as well as dangers associated with traveling as a tourist in cities such as proximity to petty thieves, pickpockets, and similar dangers.

I have been informed of the nature and extent of the activities to be performed by myself and the responsibilities of the organizers and their staff during the program, and acknowledge that I am participating at my own risk. The organizers shall not be liable for any damages arising from personal injuries or illness sustained by me while participating in any aspect of this program, even if such damages arise out of neglect on the part of the organizers. I assume full responsibility for all illness, injuries and/or damages sustained by me, or which result from activities performed by me, during this travel program.

In consideration of my acceptance in this program, I, intending to be legally bound, do hereby waive, release, and forever discharge any and all causes of action, suits, rights and claims against ISKCON Youth Ministry Inc., located in Alachua County, Florida, USA, their staff, officers, directors, agents, successors, and assigns, for damages or injuries or illness sustained by me while participating in any activities of this program, whether such activities take place on the premises or property of the organizers, or traveling to and from their premises or properties.

I agree to indemnify, defend, and hold harmless the organizers and their staff, officers, directors, agents, successors, and assigns from any and all claims, demands, expenses and liabilities, whether for personal injury, illness, death, property damage, violation of law, or otherwise, which in any way arise out of my activities or the activities of the organizers during my participation in this travel program.

Medical Release in Case of Emergencies

I hereby give my consent to the organizers, including adult chaperones and volunteers traveling on this program such as Emanuel Kaseder, Jaya Radhe Kaseder, Markandeya Peatross, Sandipani Hume, in the event that I should be incapacitated, to take and to authorize any action the organizers deem necessary to help me in the event of a medical emergency, including the administration of any treatment deemed necessary by a licensed physician or dentist, and the transfer and admission to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to its performance.

I hereby release and discharge the organizers, its agents, employees and officers, from all claims, demands, actions or judgments which I ever had, now have, or may have against the organization, its successors or assigns, for all personal injuries or illnesses, known or unknown, which I may suffer or incur as a result of the actions of the organizers procuring emergency medical treatment for me.

This release shall be effective as of the date below, and shall remain in force as long as I am physically present, participating in the program, unless sooner revoked in writing delivered to an agent of the organization. I understand that I shall be responsible for any and all costs incurred in any emergency medical care or treatment performed on myself, or on my behalf.

Signature of Travel Program Participant Date _____
(MM/DD/YY)

PLEASE WAIT to sign this document in the presence of a notary public (legal witness.)
Attach Stamp and Seal of Notary Public below (& additional notary documents if required):