



Contact and Health Information:

Please fill out this form completely and accurately. Thorough answers will enable us to respond to any problem or emergency that may arise. Please include a photocopy of your passport information page along with the completed form.

Name: _____ Birthday: ____/____/____ Age: _____ Gender: _____ Pronouns: _____ Email: _____ Cell #: _____ Home/Office #: _____ Permanent Address: _____ _____	Emergency Contact: _____ Relationship: _____ Cell #: _____ Email: _____ 2nd Emergency Contact: _____ Relationship: _____ Cell #: _____ Email: _____
I am a: _____ Student _____ Instructor _____ Volunteer _____ Visitor _____ Researcher _____ Other Dates of Stay in Belize: _____ Passport Information Page Photocopy Attached	Insurance Carrier: _____ Policy #: _____ Blood Type: _____ Dietary Restrictions? _____

MEDICAL HISTORY - PLEASE MARK ALL THAT APPLY

<input type="checkbox"/> COVID-19 Vaccine (Required) <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Crohn's Disorder <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Fainting <input type="checkbox"/> Drug Problem <input type="checkbox"/> Back Problems <input type="checkbox"/> Knee/Other Joint Problems <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Poor Circulation <input type="checkbox"/> Arthritis <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Raynaud's Syndrome <input type="checkbox"/> Asthma Are you currently on medication? _____ What type? _____	<input type="checkbox"/> Seizures If so, when was your last seizure? _____ Are you currently on medication? _____ What type? _____ <input type="checkbox"/> Bronchitis Are you currently on medication? _____ What type? _____ <input type="checkbox"/> Diabetes Injection: _____ Pill _____ Diet: _____ <input type="checkbox"/> Abnormal Blood Pressure Are you currently on medication? _____ What type? _____ <input type="checkbox"/> Hypertension Are you currently on medication? _____ What type? _____ <input type="checkbox"/> Dental Issues _____ <input type="checkbox"/> Eye Issues _____ <input type="checkbox"/> Mental Health _____ <input type="checkbox"/> Sleepwalking _____ <input type="checkbox"/> Stomach/Intestinal Problems	ALLERGIES <input type="checkbox"/> Penicillin <input type="checkbox"/> Iodine <input type="checkbox"/> Heat <input type="checkbox"/> Aspirin <input type="checkbox"/> Other Medication _____ <input type="checkbox"/> Insects (Bee stings etc.) _____ <input type="checkbox"/> Food: Lactose Int./Gluten/Other _____ <input type="checkbox"/> Fabric: _____ <input type="checkbox"/> Other: _____ If you checked any of the above, please describe your reaction and how you treat it. _____ OTHER (Please share anything not listed) _____ _____ _____
---	---	---



Belize Foundation for Research & Environmental Education

COVID-19 LIABILITY AND ASSUMPTION OF RISK

Traveler Liability

Travelers to BFREE are responsible for charges due to the pandemic, including, but not limited to, costs for country entry to both Belize and the USA, requirements to quarantine for a positive test result, COVID-19 testing, or flight changes. BFREE cannot and does not assume any responsibility for financial losses that may incur due to (but not limited to) cancellation of airline tickets, COVID testing, and quarantine expenses. Guests unwilling to comply with BFREE's COVID-19 Safety Requirements will have their reservation terminated and required to leave. There will be no refund of any portion of the price paid, used or unused, nor will BFREE be responsible for any additional expenses incurred by the guest due to their dismissal.

COVID-19 Assumption of Risk

The novel coronavirus, COVID-19, is a worldwide pandemic as declared by the World Health Organization. COVID-19 is extremely contagious and is confirmed to be spread mainly from person-to-person contact and by air. People reportedly can be infected and show no symptoms and therefore spread COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illnesses and even death. As a result, the Belize government requires proof of negative COVID test for international travelers, mask-wearing, physical distancing, and other safety measures such as enforced curfews and closed land borders. Although BFREE will take appropriate measures to ensure that its activities will be conducted using recommended safety protocols, including physical distancing and enhanced disinfecting, BFREE cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while traveling in Belize or staying at the BFREE Field Station. Therefore, if you choose to travel to Belize and BFREE, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

By signing this Agreement, I acknowledge I have read and understood the above warning about COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by traveling to Belize and the BFREE Field Station and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by traveling may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BFREE employees, other participants, officers, agents, and members of the general public. Traveling to Belize and the BFREE Field Station is of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to travel to Belize and the BFREE Field Station. All visitors to BFREE must be fully vaccinated (two weeks after a second dose of a two-dose vaccine series or two weeks after a single-dose vaccine series). Visitors to BFREE agree to share proof of vaccine by emailing a photocopy of their vaccine card no later than 14-days before arrival at the BFREE Field Station to contact@bfreebz.org along with a signed copy of this agreement.

BFREE Visitor Print Name

BFREE Visitor Signature & Date
*(Parent or Legal Guardian Signature required
if visitor to BFREE is under 18 years old)*



Belize Foundation for Research & Environmental Education

Waiver, Release of Liability, Assumption of Risks and Indemnity Agreement

This Program is an exceptional educational opportunity but is not without certain risks, dangers, hazards, and potential liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and course cancellation or curtailment. All persons taking part in the Program are required to accept these and other risks as a condition of their participation. All participants are recommended to become familiar with the laws, customs, and culture of the Program destination. All participants are required to sign and execute this Waiver, Release of Liability, Assumption of Risks and Indemnity Agreement set forth below, which is intended to release BFREE and their representatives from any and all future claims which might arise as a result of participation in the Program.

The purpose of this **Waiver, Release of Liability, Assumption of Risks and Indemnity Agreement** issued by the Directors, Officers, and Managers of the Belize Foundation for Research and Environmental Education (BFREE) and required to be signed by every researcher, student, teacher, intern, and visitor who comes to BFREE (Participants), is as follows:

1. To inform all PARTICIPANTS of the dangers inherent in visiting the natural and social environments in Belize and BFREE.
2. To secure the voluntary consent of participants to participate in any activities conducted at BFREE and to ensure that each PARTICIPANT understands the possible dangers that could result from this participation.
3. To secure from each PARTICIPANT a waiver and release of liability for BFREE Directors, Officers, and Management for any injury, illness, property damage, expense, and other loss, delay or inconvenience, and course cancellation or curtailment, or death resulting from the risks and dangers, including but not limited to, those enumerated below.

The dangers referred to above include but are not limited to the following:

1. Intestinal or other disorders resulting from a change in climate, eating habits, or exposure to foreign beaches, rivers, or other bodies of water.
2. Contracting diseases, including but not limited to malaria, leishmaniasis, cholera, dysentery, parasites, yellow fever, dengue fever, tuberculosis, hepatitis, and rabies
3. Snake bites, venomous and non-venomous
4. Allergic reactions to food, plants and insects, e.g., peanuts, tree nuts, poisonwood, mosquitoes, scorpions, doctor flies, and other stinging insects
5. Cuts and punctures from thorns, sharp vines, and other plants
6. Drowning or injuries when snorkeling or diving in fresh or saltwater, e.g., shark, jellyfish, rays, coral
7. Sprains, contusions, and broken bones
8. Infected insect bites and systemic infections, including bee stings
9. Cuts, punctures, abrasions, and burns
10. Injuries due to natural disasters and sudden natural disturbances
11. Injuries due to encounters with wild and domestic animals, e.g., large cats, wild pigs, and crocodiles
12. Lack of immediate medical attention by trained medical personnel

Assumption of the Risk and Indemnification

Participation in the Program at BFREE may involve many risks, dangers, and hazards, including but not limited to those set forth in this waiver and release of liability. Each participant freely accepts and fully assumes all such risks, dangers, hazards, and liabilities, and the expense and inconvenience resulting therefrom.

In consideration of BFREE allowing my participation in the Program, each participant hereby:

1. **RELEASES BFREE** and its agents and assigns from any and all claims, whether in contract or tort or otherwise, and arising as a result of my participation in the Program, which I have or may have in the future against BFREE, its present and past directors, officers, contractors, instructors, employees, support personnel, agents, representatives and subsidiary, successor, parent and affiliated companies or organizations, including all present and past, employees, officers, directors, agents and brokers of said companies or organizations (all of whom are hereinafter collectively referred to as BFREE).
2. **HOLD HARMLESS AND INDEMNIFY BFREE** from any and all claims and liability for any loss, damage, injury, or expense to any third party, whether direct or indirect and howsoever caused, resulting from my participation in the Program.
3. Prior to the filing of any legal action(s) arising from this Waiver, Release of Liability, Assumption of Risks and Indemnity Agreement, the parties shall seek to resolve any such dispute utilizing a mediator certified under the laws of the state of Florida, U.S.A. This instrument is to be construed in all respects and enforced according to the laws of Alachua County in the State of Florida.
4. I have read the above Waiver and Release and, by signing it agree that I am aware of the possible dangers that may occur as a result of participating in programs sponsored by BFREE in Belize, Central America. Nevertheless, I choose to [allow my child to] participate. **I EXPRESSLY AGREE** that this Agreement shall be effective and binding upon my next of kin, heirs, executors, administrators, assigns, and representatives in the event of my death or incapacity.

I have read and fully understand this Waiver, Release of Liability, Assumption of Risks and Indemnity Agreement prior to signing it, and I am aware that by signing below, I am waiving legal rights which I may have or which my next of kin, heirs, administrators, executors, successors, and assigns may have against BFREE.

Participant Print Name

Participant Signature and Date

Legal Guardian Print Name (if participant is under 18)

Legal Guardian Signature and Date (if participant is under 18)