



Ponheary Ly Foundation

www.theplf.org

Contract with Volunteers and Visitors

This form must be completed by all visitors to Ponheary Ly Foundation programs prior to your visit. Each member of your group over the age of 18 is required to sign a contract. For long-term volunteers, this form is to be attached to a copy of your traveler's insurance which includes medical evacuation.

Name of Participant: _____

Name of additional minors traveling with you (if any): _____

Address: _____

Email Address: _____

Date of Birth: _____

Passport Number:* _____

Expiration Date:* _____

Nationality: _____

Date of Trip: _____

**for long-term volunteers only*

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Contract Release and Acknowledgement

1. I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation of this trip to Ponheary Ly Foundation Schools, on the date described above. I do hereby release and hold harmless Ponheary Ly Foundation (PLF), its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death which the participants listed below may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of PLF, of persons active on its behalf or otherwise.

2. I understand that Ponheary Ly Foundation does not, in any manner, serve as principal, agent, or partner of any travel agent or commercial carrier which may provide services or to the participants.
I have read and understand this release and voluntarily sign the document and participate in this trip.

3. In the event of injury to the undersigned, or any family participants listed above, I hereby authorize Ponheary Ly Foundation or representatives thereof to admit me or any member of my family to a facility for emergency medical treatment as may be deemed necessary to our health or welfare.

4. I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release Ponheary Ly Foundation, its trustees, officers, faculty and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

5. I declare that all parties are participating in this visit solely at our own risk and indemnify Ponheary Ly Foundation (PLF) its Trustees, Officers, Directors, Faculty and Employees, and participants in respect of any claim arising out of our visit.

6. I understand that we will have to cooperate fully with the hosts of the school and the PLF and their employees and will diligently comply with all associate rules regarding safety.

Signed: _____ Date: _____