**SCHEDULE E**

**International Travel Release**

**(Make copies as needed for each traveler and submit with the Agreement)**

***In connection with Service Provider/Vendor’s work hereunder, Service Provider/Vendor and his/her/its employees, if any, may encounter difficult conditions and hazards. CARE requires that Service Provider/Vendor obtain appropriate insurance, including emergency medical evacuation coverage, to protect itself and its employees against the risks inherent in consulting work hereunder. Service Provider/Vendor further agrees it (if acting individually) and each of its assigned employees who will travel overseas to perform work hereunder has reviewed and executed the below disclosure and release, which Service Provider/Vendor will provide to CARE.***

**Release for Service Provider/Vendor and its Employee(s)**

I agree that in that the course of my work hereunder and travel to and from CARE missions or projects, I may encounter extremely difficult travel conditions and be subjected to hazards and risks, foreseen and unforeseen, including the dangers of delays, illnesses, injuries, death or kidnapping, or the loss of, or damage to, my property (collectively, each an “injury”). I recognize that CARE, its employees and agents cannot ensure my safety or that of my property.

I am aware that such injuries may be caused by a variety of difficulties of travel, including, without limitation, natural causes, poor sanitation, infectious diseases, the activities of animals, trip members, CARE personnel and agents, other persons and war or civil disturbances, and that such injuries may result from negligence or other causes. I understand that I may be called upon to exercise extra care for my own person as well as for others around me. I understand that there may not be rescue or medical facilities or expertise necessary to deal with the hazards to which I may be exposed. I understand that these risks exist and notwithstanding them I wish to participate in this work and travel hereunder.

I confirm that I have read the foregoing and voluntarily assume all such risks occurring in connection with the work and travel hereunder and so hereby waive, release and discharge all such claims against CARE (which includes its officers, agents and employees and its and their respective heirs, legal representatives, successors and assigns). This agreement shall bind my heirs, executors, administrators and assigns, and shall include any minors accompanying me on the trip.

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| ***Signed by:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***Person to contact in case of emergency:***  *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Ph #: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_* |

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