

## STATEMENT OF UNDERSTANDING

**REQUIRED – Please initial each statement and sign and date at the bottom.** This statement and fee should accompany your final application. The statement with original signatures **MUST** be RECEIVED by May 19, with the \$20 processing fee, or your application will be denied. If you courier up to 30 pounds of our supplies, the \$20 will be applied toward your in-country donation of \$50.

\_\_\_\_\_ I understand that, while many decisions are made by consensus, there may be times when decisions are made by the team leaders. I agree to accept the authority of the CPR-Sierra leaders and Project Coordinator if they must make a decision for the group.

\_\_\_\_\_ If I do not stay with the group, I am fully responsible for whatever conditions or consequences ensue.

\_\_\_\_\_ I understand that I must pay for my international travel and in-country expenses, including lodging in cities and in-country public transportation. Estimated in-country expenses are \$125 per week. I understand that we will receive free hospitality within the rural communities of the CPR-Sierra, at the level community members live.

\_\_\_\_\_ I am including a non-refundable processing fee of \$20 with this statement, made out to **St. Michael's Guatemala Project**. ALL FEES AND STATEMENTS DUE BY MAY 19.

\_\_\_\_\_ If I am selected for a team, I will make a tax-deductible donation of \$50 to the Project after arrival in Guatemala, for unexpected in-country expenses and medicines for the communities.

\_\_\_\_\_ I have made an independent, voluntary decision to join a Guatemala Project team and accept the team conditions stated above. I understand that levels of violence in post-war Guatemala are high and that, while the Project will make reasonable efforts to keep me out of harm's way, my safety is not assured. I understand that sanitation, diet, housing, public transportation, and medical attention are markedly different from what I experience in the United States, and that the Project works in isolated, impoverished communities where access to services is even more limited than in other areas of Guatemala. Particularly, I understand that, on the Cabá, Santa Clara, and Area Xeputul *giras* I will be without access to conventional medical treatment. I understand that, should I wish to obtain travelers' or emergency medical insurance apart from my usual health insurance, I will do so at my own expense prior to travel. I, and my heirs and assigns, agree not to hold liable Guatemala Project, its volunteer staff, or any of its affiliates for any negative outcomes or injury I experience during the course of this volunteer work.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

### Adults 18 to 21 years of age.

What is the age of majority in your state? \_\_\_\_\_

We recognize that families of young adults may wish to be involved in the applicant's decision. We ask that the family member(s) or person legally responsible for, or most closely related to, the applicant read the above and sign the following statement:

**I have reviewed and discussed this Statement of Understanding with \_\_\_\_\_ and support his / her decision to participate in a Guatemala Project team, according to the conditions listed above.**

Name and relationship (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_