



**2022 VISIONS GLOBAL EMPOWERMENT (“VISIONS”)  
GUEST & VOLUNTEER APPLICATION FORM**

To reserve a space, please complete and return this form with your non-refundable deposit of \$250. Your deposit can be paid by any of the following methods:

1. Send a check made out to “Visions Global Empowerment” to:

*Visions Global Empowerment  
18800 Von Karman Avenue, Suite A  
Irvine, CA 92612*

2. Send an electronic bank wire transfer using the following information:

*Bank Name: Wells Fargo Bank  
Account Type: Business Checking  
Account #: 3927052880  
Routing Number: 121000248  
Account Holder Name: Visions Global Empowerment  
Account Holder Address: 18800 Von Karman Avenue, Suite A, Irvine, CA 92612*

3. Fill out, sign and return the “Visions Credit Card Authorization Form”. **Please note that this option incurs a 3.5% processing fee.**

You may email a scanned (.pdf or .jpg format) version of these completed forms to [info@visionseducation.org](mailto:info@visionseducation.org) to secure your spot, but we also require that you mail your completed application & supporting documentation to: **Visions Global Empowerment, 18800 Von Karman Avenue, Suite A, Irvine, CA 92612.**

**ALL VOLUNTEERS**

Permanent Address Information:

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**PASSPORT INFORMATION**

Your name exactly as it appears on your Passport: \_\_\_\_\_

Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Known Traveler # (if any): \_\_\_\_\_ Redress # (if any): \_\_\_\_\_

**\*Please attach a copy of the photo page of your passport with this application form**

**HEALTH INSURANCE**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*\*Please attach a copy of your insurance of overseas coverage with this application form, if applicable*

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

**GENERAL**

Do you speak any foreign languages? If so, please list: \_\_\_\_\_

\_\_\_\_\_

What is your level or ability to speak? \_\_\_\_\_

Do you have any special skills, interests or talents that you might like to share with the youth with whom we work? If so, please list: \_\_\_\_\_

\_\_\_\_\_

I plan to share accommodations with: \_\_\_\_\_

**VISIONS GLOBAL EMPOWERMENT  
MEDICAL INFORMATION AND CONSENT TO TREATMENT**

Please complete this form in its entirety. If you print the information rather than typing it, make sure that you print clearly and legibly. Attach additional pages as necessary. Finally, please date and sign the form and then send along with your application form.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Cellular telephone: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name, address and telephone number of your physician: \_\_\_\_\_

List all allergies, including medications: \_\_\_\_\_  
\_\_\_\_\_

List any dietary restrictions or food allergies: \_\_\_\_\_  
\_\_\_\_\_

List all medical conditions: \_\_\_\_\_  
\_\_\_\_\_

**I hereby consent to any reasonably necessary emergency medical treatment by any duly qualified physician or health care professional in the event that I am unable to orally provide such consent at the time of injury or illness.**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**VISIONS GLOBAL EMPOWERMENT**  
***GUEST & VOLUNTEER AGREEMENT***  
***CONSENT LIABILITY & WAIVER RELEASE FORM***

**PAYMENT SCHEDULE & REFUND POLICY**

1. A deposit of \$250 made payable to “Visions Global Empowerment” must accompany this completed form to secure your spot on the trip.
2. The remaining trip balance may be paid at any time up to 30 days before the scheduled trip start date / date-of-arrival in-country.
  - a. Failure to pay within this timeline, unless otherwise discussed and approved in writing by a qualified representative of Visions Global Empowerment will result in forfeiture of your deposit and/or any other funds received toward your trip program fee.
3. If you choose to pay your trip deposit and/or program fee balance online (via Square), a processing fee of 3.5% of the total amount will be added to your total balance due.
4. Guests / volunteers who withdraw more than 30 days prior to tour departure will receive a refund of all monies received by Visions Global Empowerment less the \$250 nonrefundable deposit and any prorated expenses incurred.
5. Participants who withdraw 30 days or less prior to tour departure will receive a refund of all monies received by Visions Global Empowerment less the \$250 nonrefundable deposit, a penalty of \$500 and any prorated expenses incurred.
6. All cancellation requests must be received in writing.
7. There is no provision for refund for any activities missed due to the participant’s absence once the trip has started.
8. Comprehensive travel insurance is not included in your tour package. Visions Global Empowerment strongly advises that you purchase travel insurance for your upcoming trip.

**INCLUSIONS & EXCLUSIONS**

1. The trip program fee for this trip (*NICARAGUA: March 2022*) covers all of the following:
  - a. Double room / shared accommodation for 4 nights (3 in Matagalpa; 1 in Granada)
  - b. All meals (breakfast, lunch, and dinner), including water, for the duration of the trip
  - c. All scheduled activities, cultural experiences and related entry, guide & participation fees
  - d. Local transportation (through a privately hired vehicle & driver) for the duration of the trip itinerary
  - e. Essential tips for hotel and restaurant staff, drivers, guides, etc.
  - f. Shared expenses related to having local onsite staff and/or Visions representatives who will manage all itinerary-related logistical arrangements and issues for the duration of the trip and will be with the group throughout your stay
2. The following are not included in the trip program fee and are the sole responsibility of the participant to cover:
  - a. Roundtrip airfare (arriving at and departing from Managua International Airport (airport code MGA)) to and from the participant’s chosen departure airport
  - b. Tourist visa upon arrival (\$10/person)
  - c. COVID test x 2 (\*RT-PCR test required for entry to Nicaragua and for reentry to United States)
  - d. Passport fees and immunizations
  - e. Any travel, medical, or other insurance

- f. Excess baggage charges
- g. Alcoholic beverages
- h. Any personal shopping

#### GOVERNING LAW

- This Agreement, the Guest & Volunteer Agreement Consent and Release Agreement and Medical Authorization Agreement shall be governed by, construed, enforced, and the legality and validity of each term and condition shall be determined in accordance with the internal, substantive laws of the State of California, applicable to agreements fully executed and performed entirely in California.
- In the event suit is instituted against any party to this Agreement or any other agreements with Visions, the sole jurisdiction and venue for such action shall be the Superior Courts of the County of Orange, State of California.
- I have carefully read this Agreement and fully understand its content and agree to abide by its terms and conditions.

#### GENERAL CONSENT

1. I, \_\_\_\_\_, acknowledge that I am in good health, with no present medical or psychiatric conditions requiring treatment. I have no activities limited by a physician. I have no chronic or recurring illness.
2. I acknowledge that I will be volunteering in a country where there is a possibility of war, internal conflict, crime, disease, and general unrest.
3. I have my own health insurance, travel insurance, and will look only to them for reimbursement of any expense incurred. I understand that Visions Global Empowerment has no insurance of any type which covers me.
4. I will hold Visions Global Empowerment, its Board of Directors, officers, and members harmless from any and all injuries, accidents, or losses that may befall me whether from natural or manmade causes, foreseeable or unforeseeable, expected or unexpected.
5. I assume full responsibility for my own safety, health, and wellbeing during my flights and/or other travel to and from any residence, my time in the program host country, and other countries on my way to and from the service trip and at/during all service activities and upon my return home.
6. The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed has been made to the undersigned, and that this Release & Waiver contains the entire agreement between the parties hereto, and that the terms of this Release & Waiver are contractual and not merely recital and is binding on all parties.
7. In consideration of my rights as a Visions Global Empowerment program volunteer, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby acknowledge and agree to the provisions of this Consent and Release from as follows:

#### ASSUMPTION OF RISK

1. I am aware that the job of a volunteer is an extremely hazardous activity. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of injury associated therewith including, but not limited to, personal injury, bodily injury, or death.
2. As consideration for being permitted to be a Visions Global Empowerment program volunteer by Visions Global Empowerment, their respective officers, directors, and members (individually and collectively referred to herein as "Releasees"), I hereby agree that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives will not make a claim against, sue or attach the property of or make any other demand on "Releasees"

on any of their affiliated organizations for injury or damage resulting from negligent behavior or acts of their affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, successors, agents, employees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation as a Visions Global Empowerment program volunteer.

3. I am advised that California Civil Code Section 1542 provides that: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THIS RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR." I understand and acknowledge the significance and consequences of California Civil Code Section 1542 and hereby elect to waive the benefits of its provisions, with the intent that this release and waiver of liability shall include claims known or unknown, and unknown and unsuspected.
4. I understand and acknowledge that this Waiver and Release of Liability is intended as a complete and continuous release for all trips or transportation provided to me by Visions Global Empowerment.
5. I understand and acknowledge that I may seek advice from legal counsel if I have any doubt before signing this Agreement. By signing this Agreement I acknowledge that I have either sought the advice of legal counsel or wish to now intentionally waive the opportunity to talk to a lawyer by my signature on this Agreement.
6. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in it. I represent that if there is any word or phrase that I did not understand, that I have sought the advice of an attorney or other person for an explanation. I acknowledge that neither I nor my heirs or representative will later claim in the event of injury, death or property, damage, that I did not understand what I was signing in this Agreement.
7. I agree to hold harmless and indemnify (reimburse) the parties being released for any costs or attorney's fees that may be incurred as a result of any challenge to this Release or legal action brought in contravention of this Agreement, in litigation resulting from my injury, death or property damage, in connection with any trip with Visions Global Empowerment.
8. I understand and acknowledge that this Release is a full and complete agreement with regard to the risks I am taking by embarking on a Visions Global Empowerment trip. No other documents, oral promises or other information can be used to modify or alter the terms of this Waiver and Liability Release. This agreement is a fully integrated, final and complete statement of the agreement I have entered into. If any provision of this Release is declared invalid, the remaining provisions remain enforceable.

This Waiver and Release of Liability, when signed, shall be valid for 24 months.

**KNOWING AND VOLUNTARY EXECUTION**

I HAVE CAREFULLY READ THIS CONSENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES AND/OR AFFILIATED ORGANIZATIONS AND SIGN THIS OF MY OWN FREE WILL AFTER BEING FULLY APPRAISED OF THE DANGERS AND RISKS INVOLVED.

\_\_\_\_\_  
Guest / Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**VISIONS GLOBAL EMPOWERMENT  
CREDIT CARD AUTHORIZATION FORM**

Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC / Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**By signing this form, I hereby authorize Visions Global Empowerment to charge my credit card using the details provided on this form for the amount listed above in addition to a processing fee of 3.5% of the total amount.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name