

Roma Wish

Thank you for your interest in volunteering with Roma Wish. Please fill out the following form and submit to The Roma Culture Team via:

Personal Information

Please take a moment to provide us with some basic information. Any information you provide will remain confidential as per our Privacy Policy.

Email:

culture@romamoulding.com

Fax

1 800 361 1415

First names

Last name

Any other names you are known by (for example, your maiden name)

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Day

Month

Year

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

ZIP / Postal Code

Your Contact Information

Daytime Phone Number

Evening Phone Number

Mobile Phone Number

Email address

Emergency Contact Information

Full Name

Primary Phone Number

Mobile Phone Number (Optional)

Email address

I would like to join the Roma Wish New Orleans Team because:

Tell us what you would like to gain from this experience, what unqiue skills you may have etc. (60 words limit)

Special Needs

Please let us know of any allergies, dietary requirements or special needs you may have while travelling.

Please read carefully

I understand and agree to the terms (see Schedule A.)

I will arrange transportation to and from New Orleans

Please note Roma Moulding will unfortunately be unable to cover transportation costs for partners travelling to and from New Orleans.
Roma Moulding will cover accomodation costs for the duration of the program between August 23–28, 2016

Signature

! You must sign here to complete your application

Signature or mark

Full name (Legal)

Date signed or marked

--	--	--	--	--	--	--	--

Day

Month

Year

Terms and Conditions (Schedule A.)

By signing this legal document, you forfeit your further right to legal action. Please read the document carefully.

Assumptions Of Risks

I understand that participation in this Event is fully voluntary and will not reflect in any way or have any impact on my occupation with Roma Moulding Inc. or any of its affiliates. I understand that Roma Moulding Inc., any of its affiliates, Roma Wish, or any individual members of the Gareri and/or Talotta family (collectively, "Roma") are not requiring my participation in the Event and are not responsible in any way for my well-being during any aspect of the Event.

I understand that participation in this Event will be for approximately 4 days. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to or loss of my property as a result of my participation in the Event; and that there is a possibility of violence and crime, war, terrorism, civil unrest, homesickness, and loneliness, poor road and transportation conditions or issues, extreme weather conditions, unsafe areas, failure to perform on the part of the travel agents or airline companies and problems relating to customs, immigration or visa requirements. I understand that medical facilities may be of lower standards. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that Roma is not able to ensure my safety at all times from such risks and dangers.

ASSUMPTIONS OF RESPONSIBILITY AND INDEMNITY

I understand that it is my responsibility: to abide by all applicable Roma and host institution policies, and host country's laws; to ensure that I have adequate medical, health, life, insurance coverage; and to protection of my person and possessions. I also understand that there may be certain matters for which I could be held at fault personally depending on the host institution's policies and the host country's laws. In these cases, I agree to be accountable in all respects for my own actions and not to ask Roma or its employees to accept the consequences thereof; further, I agree to indemnify and hold harmless Roma regarding any damages it suffers as a result of any claims arising from such actions. I recognize that Roma is not undertaking to supervise any of the host institution's programs, living arrangements, or extracurricular activities during my participation in the Event. I understand that, while abroad, my activities could jeopardize the safety of local hosts or host institutions, other participants, Roma or all of them. I will not knowingly participate in any activity, including political activity, which might endanger any such party. I acknowledge that while Roma, through the offices of the Government of Canada, will endeavor to assist volunteers abroad in the event of war, terrorism, or local or general civil unrest or emergency or health risk or disruption in the host country, Roma will not be responsible for my safety or well-being or any consequence of my detention or my inability to leave the host country and return to Canada.

No oral representations, statements, or inducements have been made by Roma; I am at least (18) years of age and fully competent; and I execute this document for full, adequate and complete consideration fully intending to be bound by same. I certify that I am in good physical health and am physically able to participate in the Event. I understand and acknowledge that serious accidents sometimes occur during activities such as this, and that some medical conditions may be exacerbated or aggravated, and that participants occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof, and that my participation could result in loss of or damage to my property, serious injury to my body or to others, and/or my death. I have been informed of the risks and have educated myself on the safety procedures to follow that are inherent in this travel activity.

Liability Waiver And Indemnity

I hereby release, exonerate and discharge and agree to hold harmless Roma, its officers, agents, employees and shareholders, from any and all liability for any loss, damage, injury, expense, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may suffer, or that my next of kin may suffer, as a result of my participation in the Event due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, including any act, omission or negligence of Roma, its staff or other agents; delay, expense resulting from events beyond their control, acts of God, war, terrorism, local or general civil unrest or emergency or health risk, sickness, transportation, scheduling, arrangements or accommodations, the failure or restriction of any private or public service or business, and government restrictions or regulations and any and all expenses which I may incur while participating in the Event. I acknowledge that Roma is unable and unwilling to accept responsibility for any loss, damage, injury or expense suffered, sustained or incurred by me while I am a participant in the Event and that my participation is subject to this condition and I hereby assume responsibility for any such loss, damage, injury or expense. I acknowledge that I have been advised by Roma of the risks and dangers related to the Event. I will continue to inform myself of the risks of traveling to and residing in my host country by reviewing the Department of Foreign Affairs website. In consideration of my being authorized to participate in the Event, my signature below is given voluntarily in order to indicate my understanding of these realities and my acceptance of this document and that I have had full opportunity to review this document with my legal advisor(s).

This document is effective for the period of time that I will be participating in the Event (including all travel to and from the Event). I understand that this document cannot be modified except in writing signed by Roma and that no oral modification or interpretation shall be valid. This document shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns. I hereby further agree that this document shall be construed in accordance with the laws of the Province of Ontario.

CONSENT TO USE OF INFORMATION

I hereby consent to the collection, use and disclosure of personal information by Roma for the purpose of facilitating any of Roma's acts or communications which Roma considers reasonably necessary as a result of my participation in the Event or any events related thereto.

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THE ASSUMPTION OF RISK, THE ASSUMPTION OF RESPONSIBILITY AND THE LIABILITY WAIVER AND SIGN IT FREELY AND VOLUNTARILY.