



NATIONAL BAR ASSOCIATION 2008 INTERNATIONAL AFFILIATES MEETING LIABILITY FORM

1. I, _____(full name), am a participant in National Bar Association 2008 International Meeting to Toronto & Cuba (destination), from _____(starting date) to _____(ending date).
2. I have voluntarily enrolled in the National Bar Association International Meeting. I understand that travel to any new place, especially in a developing region, may involve changes in plans, unexpected delays, and limited access to some services. I understand that I am subject to the laws of the country we are visiting, including those of migration, and that National Bar Association cannot be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods and services or activities in connection with participation in the program carries a risk of personal injury and property damage or loss.
3. I release and discharge National Bar Association, its officers, directors, employees, and legal representatives from liability or injury, damage or loss arising out of the arrangement or provision of transportation, housing, food, and any other services or goods involved in the International Meeting. I agree not to sue or make a claim against National Bar Association or any cosponsoring organization and its officers, employees, directors and legal representatives for any liability, damage, or loss incurred during or in connection with the tour. I do not release the above mentioned parties from liability for willful or intentional acts.
4. **The National Bar Association accepts no responsibility whatsoever for any person or person that fail to comply with U.S. Treasury Department regulations. The NBA will not be held liable for any consequences whatsoever that may arise due to illegal entry into Cuba by any NBA member, their spouse, children or travelling companions. It is each traveler's responsibility to obtain his or her own OFAC license-to-travel to Cuba. Reliable contact information for licensing is available to our travelers. Consult your physician for suggested and required immunizations for travel to Cuba.**
5. I understand that payment for the trip is NON-REFUNDABLE as of April 14, 2008 unless National Bar Association and Escapades Huntington Inc. cancels the trip. I also understand that after my airline ticket has been issued, it is non-refundable. **Trip cancellation insurance: see Travel Agent for details.**
6. I agree to National Bar Association's right to cancel the trip or to cancel my participation in the trip, under reasonable circumstances, at any time as long as all money I have paid to National Bar Association, Escapades Huntington Inc. is refunded to me.
7. I understand that National Bar Association recommends trip cancellation/travel insurance and that Escapades Huntington Inc. can provide you with travel insurance information to make an informed decision.

Signature: _____

Date: _____

Liability Agreement

MAIL OR FAX THIS COMPLETED FORM TO:

**National Bar Association
1225 11th Street, NW
Washington, DC 20001
Fax: 202-289-6170**