



## Extended Stay Form

I, \_\_\_\_\_ (Please Print Name) release Hands for Peacemaking Foundation of any responsibility for my well-being and expenses incurred after my Work Week Team leaves Guatemala on

\_\_\_\_\_ (Date & Time Team Leaves Guatemala) through

\_\_\_\_\_ when I return to the United States/Canada

I understand that I will be responsible for all of my travel arrangements, expenses, accommodations, meals and transportation to the airport for my returning flight to the United States or Canada,

I have read and understand the above information and willfully sign this document on

(Date) \_\_\_\_\_

Signed by \_\_\_\_\_

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

Approved by Hands for Peacemaking Foundation Executive:

Signed by \_\_\_\_\_

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

Date \_\_\_\_\_