

RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE

Guarderia Dios Provehera ("GDP") facilitates international trips in which participants learn about and participate in GDP's charitable and religious activities in Mexico (the "Activities"). Participation in the Activities involves certain risks and dangers, including, but not limited to:

Airplane, vehicle, boat, and other transportation-related accidents; kidnapping, terrorism, assault, theft, and other criminal activities; food contamination, poor sanitary conditions, and other health- and disease-related risks; inadequate or outdated medical care; construction-related dangers, such as hazardous equipment, sharp objects, uneven or unsteady flooring, ladders and elevated workspaces, and falling objects; and adverse weather and environmental conditions.

By signing below, you are agreeing to the terms and conditions of this Agreement in exchange for the opportunity for yourself and any minors named herein (hereinafter "Minor Participant") to participate in the Activities.

Assumption of Risk. By executing this Agreement, I understand that participation in the Activities involves the risk of serious personal injury, including permanent disability and death. **I fully and voluntarily assume the risks** associated with participating in the Activities on behalf of myself and each Minor Participant. I also attest that I and each Minor Participant are in good health and appropriate physical condition to participate safely in the Activities.

Release of Liability and Indemnification. In consideration for the privilege of participating in the Activities, I, individually, and in my capacity as parent or guardian of each Minor Participant, hereby release, indemnify, and covenant not to sue GDP and its related organizations, and all of their directors, officers, employees, agents, and volunteers (collectively, hereinafter the "Released Parties"), of and from any and all demands, claims, liabilities, legal causes of action, known or unknown, that arise directly or indirectly from my or a Minor Participant's participation in the Activities, and that involve property damage, economic loss, or personal injury (physical or mental) to me or a Minor Participant. The foregoing sentence shall apply, without limitation, to all demands, claims, and liabilities involving the Released Parties' **negligence**, but not to willful and wanton, reckless, or grossly negligent acts or omissions.

Consent to Medical Care. In the event that I or a Minor Participant becomes injured or ill, and neither I nor the emergency contact listed below are available to consent to medical care, I authorize GDP to arrange for any medical care it deems necessary or advisable. I agree to pay the costs of any such medical care arranged for myself or any Minor Participant and I hereby release and waive any claims or causes of action and agree not sue the Released Parties based on the negligent, wanton or willful acts of any medical provider who provides medical services to myself or a Minor Participant.

Permission to Use Likeness. I authorize GDP to use my and each Minor Participant's name, likeness, and voice, without compensation, for the purpose of promoting GDP in photographs, video recordings, websites, and other mediums.

Miscellaneous. If any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect the validity of any other provision. I understand and agree that this Agreement is intended to be as broad and inclusive as permitted under applicable law.

BY SIGNING BELOW, EACH UNDERSIGNED ADULT/PARENT/GUARDIAN ATTESTS AS FOLLOWS: I HAVE READ THIS AGREEMENT CAREFULLY, UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY AND INTENDING IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW; I HAVE LEGAL RESPONSIBILITY OVER EACH MINOR PARTICIPANT, AND, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF EACH MINOR PARTICIPANT.

EMAIL, TELEPHONE, EMERGENCY CONTACT, AND SIGNATURE OF EACH ADULT/PARENT/GUARDIAN

Email: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Signature: _____ Name: _____ Date: ___/___/___

Signature: _____ Name: _____ Date: ___/___/___

NAME AND DATE OF BIRTH OF EACH MINOR PARTICIPANT (IF APPLICABLE)

Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___ Name: _____ DOB: ___/___/___

SIGNATURE OF EACH MINOR PARTICIPANT AGE 14 OR OLDER (IF APPLICABLE)

Signature: _____ Name: _____ Date: ___/___/___

Signature: _____ Name: _____ Date: ___/___/___