

Montaña de Luz

Waiver, Release and Indemnification

Participants are strongly encouraged to consult the State Department Consular Information Sheets and Travel Warnings at http://travel.state.gov/travel_warnings.html, the Centers for Disease Control (CDC) at <http://www.cdc.gov> and their own medical and legal advisors with regard to their destination country and risks prior to signing this agreement.

1. The undersigned participant, hereinafter referred to as "Participant", understands that in order to participate in the Program s/he must sign this agreement and that s/he has the right to have this reviewed by any advisors including an attorney prior to signing it. Participant states that s/he understands that certain risks are inherent in foreign travel and that s/he fully accepts those risks. These risks may include, but are not limited to, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, exposure to communicable diseases, ill effects of unfamiliar food and water, incidents related to ground, air or water transportation, adverse weather conditions, accident, injuries or damage to property, kidnapping, and/or including other physical, mental, financial and emotional injuries.

2. Participant fully understands the above risks and the scope of the activities involved in the program and agrees to assume all risks of participation in the program, including the risk of catastrophic injury, death, or disability. In addition, Participant is advised to check with his or her doctor and/or other qualified medical specialist on his/her own risks which may be involved in travel to Honduras, and medicines, drugs, and/or inoculations which would be beneficial prior to travel beginning (which may require medical attention at least several days prior to travel).

3. In consideration of being allowed to participate in the program, Participant himself/herself and on behalf of his/her heirs, successors, assigns and personal representatives, including any executor or administrator of his/her estate, agrees to indemnify, hold harmless, release and forever discharge Montaña de Luz, its Board of Directors, employees, agents, and cooperating institutions and their employees and agents from any and all claims and expenses, including any associated reasonable attorneys fees, even if through negligence, gross negligence, and/or however arising, for any injury, loss, or damage to person or property, including catastrophic injury, disability or death, in any way related to the program or suffered by the participant including, but not necessarily limited to, those activities related to travel to and from the program site.

4. The interpretation and performance of this Agreement shall be construed in accordance with the laws of the State of Ohio. All such actions shall take place in Columbus, Ohio and shall be exclusively governed by the laws of the State of Ohio.

Participant's Signature _____ Date _____

Name (printed) _____ Service Trip Dates _____ through _____

Check one: I am over the age of 18 I am under the age of 18

This statement must be read and signed by a parent/guardian if the applicant is under age eighteen (18).

I hereby give my son/daughter/ward (named above as Participant) permission to participate in the Montaña de Luz mission team program designated above. I have read the statements above and agree to be bound by its provisions on behalf of my son/daughter/ward, including specifically the release/hold harmless/indemnification provisions found in section 3 above, and to be solely responsible for any financial or other obligations incurred by my son/daughter/ward related to the program.

Parent's/Guardian's Signature _____ Date _____