

MINOR RELEASE FORM

This form must be filled out and signed by every minor expedition participant. It must also be signed by the minor's parent or legal guardian.

INSTRUCTIONS

Please fill out and sign the form and then either mail or fax it to Family to Family Humanitarian Expeditions. Remember that both the participant AND the participant's parent or legal guardian must sign.

MAIL TO:
Family to Family Humanitarian Expeditions
4219 North Canyon Road
Provo, Utah 84604

FAX TO:
(801) 796-7631

Please make at least 1 copy of this document, the original should stay with the participant and mail the copy to the address above.



FAMILY TO FAMILY
HUMANITARIAN EXPEDITIONS

MINOR RELEASE FORM

I, _____, of _____ [address], _____ [city], _____ [state], hereby acknowledge that I have voluntarily applied to participate in an expedition to _____ [city], _____ [country] with Family to Family Humanitarian Expeditions.

I AM AWARE THAT THIS COUNTRY MAY BE POLITICALLY UNSTABLE AND THAT I MAY BE EXPOSED TO HAZARDS IN THE FORM OF DISEASE, INJURY AND INCONVENIENCE. I UNDERSTAND THAT I MAY NOT HAVE ACCESS TO ADEQUATE MEDICAL FACILITIES. NEVERTHELESS I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DELAY, INJURY OR DEATH.

As consideration for being permitted by FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS to participate in this activity, I hereby agree that I, my heirs, distributes, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of or prosecute FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS, its directors, officers, agents or employees for injury or damage resulting from the negligence of other acts, howsoever caused, by any employee, agent or contractor of FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS as a result of my participation in this expedition. In addition, I hereby release and discharge FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS, its directors, officers, agents and employees, from all actions, claims or demands, I, my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in this expedition.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Dated: _____ Signed: _____
 Printed Name: _____

AGREEMENT AND CONSENT OF PARENT OR GUARDIAN OF MINOR

I, as parent or guardian of the above applicant, agree individually and on behalf of my child or ward, to the terms of the above release of liability. I represent that I will be solely responsible for the care of my child or ward while on this expedition. Furthermore, I hereby agree to indemnify and hold harmless FAMILY TO FAMILY HUMANITARIAN EXPEDITIONS its directors, officers, agents and employees from any loss, liability, damage or cost they might incur due to the presence of my child or ward on this expedition.

Dated: _____ Signed: _____
 Printed Name: _____

Full names & phone numbers of parents: _____