



ADULT RELEASE FORM

This form must be filled out and signed by every adult participant.

INSTRUCTIONS

- Fill out form **COMPLETELY** and **SIGN** and **DATE** with a **WITNESS**.
- Mail or fax completed form to **FFHE**.
- Please make at least 1 copy of this document. Participant keeps the copy and mail the original to **FFHE**.

FAX TO: (801) 607-1137

MAIL TO: 4219 North Canyon Road, Provo, UT, USA 84604

I, _____, of [address] _____,
 [city] _____, [state] _____, [country] _____

hereby acknowledge that I have voluntarily applied to participate in an expedition to: **MEXICO**.

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 (FFHE)** 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 **FFHE**, 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 **FFHE** as a result of my participation in this expedition. In addition, I hereby release and discharge **FFHE**, 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.

Participant Name (printed) _____

Signed: _____ Date: _____

Witnessed by: _____ Date: _____