

Liability Release and Hold Harmless Agreement Form

I, being 18 years of age or older, do for myself hereby release, forever discharge and agree to hold harmless GOYA Ministries, its directors, officers, staff, leaders, managers, and associated personnel including those of its affiliated organizations, all of which are hereinafter referred to as 'Releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs.

I, the undersigned participant, acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including disability or death, and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others.

Furthermore, I hereby personally assume all risks in connections with this program, of injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved while I am participating in the program, and/or being transported to or from the same, including expenses incurred, including without limitation, all risks connected therein, whether foreseen or unforeseen. I accept these risks as my own, and it is my intention by this instrument to exempt and release the Releasees from all liabilities. Further, authorization and permission is given to the Releasees and travel organizers to furnish and hereby release liability of transportation, food and lodging for this participant.

I understand that I am not required to participate in said program, but I want to do so, despite the possible dangers and risks and despite this Release. I, therefore, agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity.

I hereby give my consent to have a GOYA team leader, staff, and/or doctor of medicine or dentistry or associated personnel to provide me, the participant, _____, with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I further assure the Releasees that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold the Releasees harmless for any such medical costs. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

The information that I have provided is accurate to the best of my knowledge. I verify that I am not under the influence of alcohol or drugs at this time and sufficiently qualified to participate in this event.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I have read the above and fully understand that the terms herein are contractual and not a mere recital, and have signed this document of my own free will.

Participant's Name

Participant's Signature

Date

Notary Public

Date