



MINOR RELEASE FORM

This form must be filled out and signed by every minor participant. Minors Participants who are not traveling with BOTH parents/guardians MUST also complete the TEMPORARY GUARDIANSHIP FORM and attach to this form when mailing to FFHE.

INSTRUCTIONS

- Fill out form COMPLETELY and SIGN and DATE by every minor expedition participant.
- Form must also be signed by the minor's parent or legal guardian.
- Please make at least 3 copies of this document, one copy stays with participant's temporary guardian/accompanying parent, one copy stays home with non-accompanying parent and mail the original to FFHE.

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

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

hereby acknowledge that I have voluntarily applied to participate in an expedition to:
TEQUISQUIAPAN, QUERETARO, 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.

Minor Name (signed) _____ Date: _____

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 **FFHE** 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.

Parent 1 Name (printed) _____ Phone: _____

Parent 1 (Signature) _____ Date: _____

Parent 2 Name (printed) _____ Phone: _____

Parent 2 (Signature) _____ Date: _____