

**COSTA RICA CHRISTIAN FITNESS ADVENTURE - CCFA
ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION**

WAIVER FOR MINORS (less than 18 years)

I understand that participation in the program involves potential hazards and risks to the participant and his or her property, including, without limitation, injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, random acts of violence and other risks and hazards associated with traveling to and residing in a foreign country. I understand the nature of these hazards and risks and accept them on behalf of the participant. I hereby release, waive, discharge, and covenant not to sue CCFA, its affiliates, parents, subsidiaries, divisions, and the directors, officers, agents, heirs, assigns, successors in interest, representatives, volunteers, host families and employees of the foregoing (the "Indemnitees") from and against any and all liability, claims, demands, and causes of action of any kind whatsoever arising out of or in any related to the participant's participation in the program, including, without limitation, any loss, damage, injury, illness or death that may be sustained by the participant, even if caused by the negligence of the Indemnitees. Without limiting the foregoing, I waive any right to seek any consequential, special, incidental, or exemplary damages from the Indemnitees and agree that in no event shall the liability of the Indemnitees for any reason exceed the total value of all payments made by the participant to CCFA hereunder. I agree to indemnify and hold the Indemnitees harmless from any claims, liabilities, demands, damages, losses, costs and expenses caused by any act or omission of the participant or as a result of the breach of this agreement.

MEDICAL RELEASE

I attest and certify that the participant has no known medical conditions that would prevent him or her from participating in the program. In an emergency, illness, injury, accident or other situation which requires medical attention, I give my permission to CCFA, its representatives and all attending health care personnel to administer medical treatment, to hospitalize, anesthetize, and to perform surgery or other medical procedure. I hereby release, acquit, discharge and covenant to hold harmless the Indemnitees from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during the participant's participation in the program. It is the intention of this release that the above Indemnitees incur no liability whatsoever while attempting to meet any and all needs that the participant may require during the program.

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING, WITHOUT LIMITATION, PROVISIONS REGARDING ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE. I FURTHER AGREE THAT THE LAWS OF COSTA RICA, WITHOUT REFERENCE TO ITS CHOICE OF LAW RULES, SHALL APPLY TO ANY ACTION INVOLVING THE SUBJECT MATTER OF THIS AGREEMENT AND THAT ANY ACTION INVOLVING THE SUBJECT MATTER OF THIS AGREEMENT MUST BE BROUGHT AND HEARD IN THE COURTS OF COSTA RICA.

On Behalf of (Student Name) _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC (only when parents are signing the waiver from their home country and child is traveling and attending CCFA alone)

State of _____, County of _____. Sworn to and subscribed to me this _____ day

of _____, _____.. Name of Notary Public _____
Month Year

Notary Public signature: _____ My commission expires: _____ Stamp