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Minor
Willful Participation, Acknowledgement of Risk,
Waiver of Liability and Indemnification Agreement for Trip Participants

In order to visit an NPH home through NPH USA and Nuestros Pequeños Hermanos y Hermanas Internacional, A.C. ("NPH"), you must execute this release of liability form.

Region: SW NPH Home: Guatemala

Trip Dates: From: July 18 To: July 26, 2015

Voluntary Participation:

I acknowledge that my **minor child**, _____, has voluntarily signed up to visit an NPH home on a NPH USA Trip and I consent to my child doing so as described herein. My child will be visiting one of nine NPH homes in Bolivia, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua and/or Peru. I understand that my minor child will not be eligible for any workers' compensation benefits. Because visiting Bolivia, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua and/or Peru can be dangerous, I agree that my minor child will exercise care as she/he travels.

Initials: _____

Release: As lawful consideration for my child being permitted by NPH USA, Inc. to participate in the NPH USA Trip, I hereby for myself, my child, my heirs, administrators, personal representatives and assigns, forever release and discharge **NPH USA** and **Nuestros Pequeños Hermanos y Hermanas Internacional, A.C.**, and their directors, officers, employees, volunteers and agents (collectively the "Released Parties") from any and all liabilities, losses, costs, claims, demands or causes of action (collectively "Liabilities"), that my child may hereafter have for death, injuries and damages arising out of my minor child's participation in any NPH USA Trip, whether caused by any negligence, active or passive, of the Released Parties or otherwise.

Initials: _____

I acknowledge that the Released Parties have never expressly or implicitly assumed any responsibility for my child during the trip planning or during my preparation for the trip. I hereby personally assume all risks in connection with my child's participation in any NPH USA Trip to an NPH home and any other activity connected therewith. To the extent the Released Parties have purchased travel insurance that will cover my child's trip, I acknowledge that any benefits under such travel insurance, if any, are the sole responsibility of the carrier providing the travel insurance and that I will not seek any payments from the Released Parties in the event such travel insurance does not provide any benefits to my child.

Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passport Number:	Beneficiary Name (for insurance):

Initials: _____

I acknowledge that I alone am responsible for my child's personal safety, and all personal property he/she brings with them during my volunteer service. I understand that I am solely responsible for my child and personal property, which means that none of the Released Parties will be responsible for the safekeeping or custody of any such property.

Initials: _____

I have carefully read the above release and agreement prior to its execution, and I am fully familiar with the contents thereof. I agree that this release and agreement will be governed by the laws of the United States of America and is intended to be as broad and inclusive as permitted by the law of the United States of America, and that if any portion of it is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. This release shall be binding upon me, my heirs, administrators, personal representatives and assigns, forever.

Initials: _____

I UNDERSTAND THAT THIS IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, HAVE DISCUSSED IT WITH MY MINOR CHILD AND THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Minor Child

I hereby warrant that I am under 18 years of age, but wish to visit an NPH home upon the consent of my parent or legal guardian.

Signed: _____

Date: _____

Adult

I hereby warrant that I am at least 18 years of age and have the right to contract in my own name and in the name of my minor child.

Print Name: _____

Signature: _____

Date: _____

STATE OF California
COUNTY OF Contra Costa

On this ____ day of _____ 2014. before me, a Notary Public within and for said County, personally appeared _____, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that he/she/they executed the same as his/her/their free act and deed.

Notary Public

(Notary Seal)

In case of emergency, please contact:

NAME: _____

RELATIONSHIP: _____

PHONE: (cell) _____ **(other)** _____