RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER, AND PERMISSION FOR TREATMENT FORM

Hope of Life International and Esperanza de Vida, their board, agents, servants, and employees, hereinafter “HOLI/EDV”, act only as an agent for the TRAVELER in connection with all aspects of TRAVELER’S trip to Hope of Life International and Esperanza de Vida, commencing on the __________ day of ______________________, 20________, and it is understood and agreed that HOLI/EDV assumes no liability for injury, damage, loss, accident, medical expenses, delay, or irregularity which may be occasioned for any reason whatsoever, due to its own acts of omissions or through the acts or omissions of any company or person engaged by HOLI/EDV for the purpose of transporting or housing TRAVELER, or in carrying out the arrangements of the trip, and HOLI/EDV accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to HOLI/EDV to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any trip prior to departure, in which latter case a full refund will constitute full settlement to TRAVELER. No refund will be made for any unused portion of the trip unless arrangements are made prior to departure from the United States of America. The use of illegal drugs is strictly prohibited throughout the trip. HOLI/EDV reserves the right to send any team member home at their own expense if there is an infraction of the rules or guidelines agreed upon or if deemed necessary by HOLI/EDV staff in order to protect the safety, reputation, and work of the organization within the country. You will be responsible for any costs incurred by your actions. I, the Undersigned, do hereby verify that the information given in the Medical Information section of my application is correct and do hereby release and forever discharge HOLI/EDV from any and all claims for injury, illnesses or other damages I might have in the future as a result of my leaving the United States of America and visiting foreign countries, including my stay in any such foreign country, and travel to any such foreign country. I further give HOLI/EDV and/or their representative with me on any such trip, authority to request medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while traveling to and from any foreign country.

I (We) have read the foregoing and understand that the above binds my executor, administrators, heirs, and me and is a full and complete release of liability of HOLI/EDV.

Traveler Signature ______________________ Traveler Printed Name ______________________ Date (MM/DD/YYYY) ____________________________________________________________________________________

TRAVELERS under 18 years of age must have a parent or legal guardian notarized signature. Please see below.

The UNDERSIGNED, are the legal parents or guardians of the TRAVELER, referred to above, and agree(s) to the foregoing RELEASE OF LIABILITY, RESPONSIBILITY OF TRAVELER AND PERMISSION FOR TREATMENT FORM.

Father Signature ______________________ Father Printed Name ______________________ Date (MM/DD/YYYY) ____________________________________________________________________________________

Mother Signature ______________________ Mother Printed Name ______________________ Date (MM/DD/YYYY) ____________________________________________________________________________________

Guardian Signature ______________________ Guardian Printed Name ______________________ Date (MM/DD/YYYY) ____________________________________________________________________________________

Please print and sign two copies of this form. One copy to be retained by you and one copy to be signed, notarized if minors and returned along with the full application, processing fee, and all other requested documentation to the Hope of Life International office, no less than six weeks prior to your trip.
UPON SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING:

I, the undersigned, understand that:

a. In the event that I am not able to raise all the monies needed for my trip, any portion already submitted to Hope of Life International is non-refundable. If only a portion of the money needed is raised, it will remain in an account for me up to 12 months. In that period of time, I can use the money towards another trip to Hope of Life International. After 12 months, if for any reason I am unable to make the trip, the money will be donated to the general fund account for Hope of Life International.

b. There is a possibility of my trip being postponed due to unforeseen forces of nature or political “unrest” within the country. In these events, the trip would be moved to a later date selected by my team members.

c. Hope of Life International is not responsible for any articles lost, stolen, or damaged before, during, or after my trip.

d. Hope of Life International is not responsible for any accidents, sickness, or illnesses that may result during or from this trip.

e. In the event of sickness, illness, or accident during my trip, I am fully responsible for all medical, doctoral, and hospital fees and expenses.

f. Hope of Life International or Esperanza de Vida has permission to take film, video, and/or audio recordings, slides, and photographs of me during my trip. I understand that these images may be reproduced and used by the organization and partnering organizations for publicity and media usage including, but not limited to, websites, printed publications, etc. In order to maintain the integrity of the organization and the safety of the people they minister to. Without further consideration, I grant the organization the right to crop or treat the media at its discretion.

g. In order to protect the safety and security of others, I agree that I will not publish the names of persons in pictures taken of the mission, the children, or of the people we meet while working at Hope of Life International or Esperanza de Vida.

h. I will adhere to the rules and regulations of Hope of Life International and Esperanza de Vida. I will respect the staff and leadership of the organizations and the customs of the country, which I am visiting.

i. I have read the application in full and agree to abide by the rules of Hope of Life International or Esperanza de Vida.

I HAVE FULLY READ THE ABOVE AND UNDERSTAND THE SAME.

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Notary ____________________________________________ Date (MM/DD/YYYY) __________________

*Notary signature needed if traveler is under the age of 18.

Thank you for joining us in bringing hope to the people of Guatemala. We are looking forward to working with you.

Please return your completed application to:
Hope of Life International
85 Whipple Street
Providence, RI 02908
Attn: Mission Team Member Applications

Your application must be received six weeks prior to the date of your intended trip. If you have any questions during the process, please contact us at (401) 421-9078 or contactusa@hopeoflifeintl.org. For additional information about Hope of Life International visit www.HopeOfLifeIntl.org.