Waiver and Release of Liability

I, the undersigned participant, request voluntary participation for myself to participate in the **International Youth Worker Exchange to Calnali, Mexico** activity on **August 8-15, 2009** which begins at **August 8, 2009 12:01 am** and ends at **August 15 at 11:59 pm** sponsored by the **Friends of Hidalgo and AYS Inc – The Journey** all of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from the **Friends of Hidalgo or AYS Inc. – The Journey**, and the officers, employees, and agents of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify the **Friends of Hidalgo** and **AYS Inc – The Journey** and the officers, directors, employees and agents of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against **Friends of Hidalgo or AYS Inc. – The Journey**, and the officers, directors, employees and agents of all of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge the **Friends of Hidalgo or AYS Inc. – The Journey,** and the officers, directors, employees and agents of them from all liability in connection therewith.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

_____ _____
Emergency contact name (print) **(Area code) Phone number**

_____
Relationship to the participant

List medical/prescription information below:

_____
_____
_____

_____ _____
Participant's signature **date**

_____ _____
Participant's Name (print) **(Area code) Phone number**

_____
Address **City/State** **Zip**

WITNESS (must be at least 18 years old)

_____ _____
Signature **date**

10/03