



Legal Waiver

This release and waiver of liability releases Friends of Los Niños, a non-profit organization organized and existing under the laws of the State of Texas, and its directors, officers, board and agents.

I, _____ in consideration of my participation on this mission trip to El Progreso, Yoro, Honduras, represent and agree that:

1. I understand the scope of my relationship to Friends of Los Niños is limited to that of a volunteer position and no compensation is expected in return for services provided.
2. I release and hold harmless Friends of Los Niños from any and all liability, claims, and demands of whatever kind which may arise. I understand and acknowledge that this release discharges Friends of Los Niños from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to Friends of Los Niños or occurring while I am volunteering.
3. I understand and am aware of the hazards and risks to myself and property associated with this mission trip. I have read the US State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel_warnings.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.
4. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, heat, and limited meals. I am aware of the disease risks associated with foreign travel and I accept these risks.
5. I hereby grant any of the Friends of Los Niños leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Friends of Los Niños leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.

I have read this release in its entirety, understand its contents and agree to them of my own free will.

Signature: _____ **Date:** _____

Spouse/Parent Signature (<18 years): _____ **Date:** _____

State of _____ County of _____

On this _____ day of _____, 20____, before me, _____

(printed name), personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Witness: _____