



Release of Responsibility

(18 years or older)

Event: _____

Date: _____/_____/20____

I, _____ of legal age, I hereby AUTHORIZE AND CERTIFY:

1. I have been informed and understand my participation in the activities of **Punto Educativo, Recreativo y Social Inc.** under the Heritage Tourism and Community Service Program.
2. I accept to participate in named training, field trips or tours that **Punto Educativo, Recreativo y Social Inc.** organized in the Las Mareas community in the Salinas municipality and in any other place in which they celebrate activities, meetings or tour services.
3. I understand, certify and accept that the activities in which I will participate at **Punto Educativo, Recreativo y Social Inc.** or its collaborators could require physical activities that can vary between easy to moderate level. I have been informed about the requirements and appropriate clothing to participate in the activity and about the environmental conditions or equipment to which I can be exposed. I confirm that I understand the requirements and conditions necessary to attend these activities.
4. I acknowledge, certify and accept, that like in any other activity, there could be accidents that can cause some type of physical damage or injury to the participants due to natural causes or as a consequence of the actions of other people.
5. I acknowledge, certify and accept that I have the emotional and physical conditions required to do all the proposed activities that may include: sun exposure, rain, walking on rough surfaces or uneven ground or other elements related to activities in nature or in **Punto Educativo, Recreativo y Social Inc.** And its collaborators.
6. As part of my participation, I am committing to review, promote and follow the safety rules and norms of conduct clearly exposed by the **Punto Educativo, Recreativo y Social Inc.** personnel and organizers.
7. I will be responsible for any violent act, aggression or offense against any directors, co-directors, professionals, employees, volunteers, collaborators, property, facilities or any other entity that supports, or is affiliated to **Punto Educativo, Recreativo y Social Inc.**
8. I release forever and free from liability **Punto Educativo, Recreativo y Social Inc.** its Executive Directors, Board members, their employees, facilitators, officials and volunteers for any direct or indirect harm that I may suffer while participating in the activities, meetings, workshops or any other venture. Including the periods of time employed in waiting prior and post the activity and travel to or from the activity venue.
9. This release applies to the result of any acts or omission, both mine, as well as a member of my family or companions.
10. I promise to reimburse any expenses, collection invoices, sentence, resolution or order issued by any court against **Punto Educativo, Recreativo y Social Inc.** as a consequence of any act or fault of mine. I will also pay any cost related to repairs,

replacement of equipment or materials or improvements that had to be made because of my actions or omissions.

11. I authorize the representatives of **Punto Educativo, Recreativo y Social Inc.**, their teams, agents or any official to manage any emergency or medical service that is required by an emergency situation in which I am in danger, without this representing any payment for medical service costs for **Punto Educativo, Recreativo y Social Inc.** Paying and/or reimbursing any expense or bill for medical procedures will be my responsibility.
12. I _____**AUTHORIZE** _____**NO AUTHORIZE** **Punto Educativo, Recreativo y Social Inc.** to use, for an indefinite period of time, my image captured during the activities taken place, be it photos, videos or any audiovisual material, to be used in promotional materials, in fundraising campaigns or in any communications material made by **Punto Educativo, Recreativo y Social Inc.**
13. I _____**AUTHORIZE** _____**NO AUTHORIZE** **Punto Educativo, Recreativo y Social Inc.** to use the audiovisual material in any media, print or electronic, public or private, now or in the future. I understand and accept that the use that will be given to the audiovisual material will not be for any commercial purpose. I give my informed consent for the use of my name and/or identity, which may be revealed in the audiovisual material through a mention or a descriptive text or comment.
14. I waive any right, claim or interest I may have to control the use of my identity; I understand and accept that I will not receive financial or other remuneration for the audiovisual material that is published in the media that Centro Esperanza, Inc. decide to use my image, once or multiple times as described above and as they understand be necessary.

Name of Adult	Signature	Date
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Address: _____

Phone Number: _____

Email: _____