Assumption of Risk Agreement and Release

I have voluntarily decided to join a CRISPAZ delegation in El Salvador from (starting date) ______________________ to and including (ending date) ______________________. I understand and acknowledge that CRISPAZ is a U.S. nonprofit corporation which, among other things, conducts and sponsors educational delegations in El Salvador. I further understand and acknowledge that the current circumstances in El Salvador, including violence, economic deprivation, social unrest, and natural disasters including but not limited to seismic activity (earthquakes) and tropical storms (hurricanes) present a greater than normal degree of risk to my safety and security while I am resident in that country. I further understand and acknowledge that such circumstances could result in physical injury to myself or even death. I knowingly and willingly assume the risks involved in my participation in the delegation and understand that I have the right, at all times, to refuse to participate in any part or program of such delegation and to completely cease my participation and request assistance in leaving El Salvador.

I acknowledge and agree that CRISPAZ shall not be liable for any damages arising from my participation in the delegation, including but not limited to my travel to and from El Salvador. I further fully and forever release, discharge and hold harmless CRISPAZ, its directors, officers, employees, advisors, agents and representatives from any and all claims, demands, damages, actions or causes of action, present or future, whether the same be known, anticipated or unanticipated, for any bodily or mental harm, injury, loss, illness or death resulting from or arising out of my participation in the delegation. This Assumption of Risk Agreement and Release shall bind the undersigned and his/her heirs, executors, personal representatives and assigns.

I have read and signed the foregoing Assumption of Risk Agreement and Release this ____________ day of ________________, year ______________, and fully understand its substance and implications.

________________________________________    ______________________________________
Participant Signature                                      Print Name

________________________________________    ______________________________________
Parent/Guardian Signature                                Print Name
(If participant is under 18 years of age)

________________________________________    ______________________________________
Witness Signature                                          Print Name