



**CENTRO ESPERANZA**  
HIJAS DE LA CARIDAD LOIZA, P.R.



# Release of Responsibility

Group - Under 18

**EVENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. I have been informed, I acknowledge and authorize the minor to participate in the activities carried out by Centro Esperanza, Inc., under the Heritage Tourism and Community Service Program.
2. That the minor I represent participates in training and education activities, study trips, and tours organized by **Centro Esperanza, Inc.** in the Colobó community of the Loíza municipality as well as in any other place where activities, meetings, or tour services are held.
3. I acknowledge, certify and accept that the activities that the minor has to carry out with Centro Esperanza, Inc. and/or collaborators may require physical activity that can vary from easy to moderate; I have been duly informed about the requirements, the appropriate clothing to participate in this activity, and about the environmental conditions and equipment to which the minor may be exposed. I confirm that I understand the necessary requirements and conditions and reaffirm my authorization for the minor to participate in the activity.
4. I acknowledge, certify and accept that as in any activity, in practice, and in participation, accidents could occur that cause some type of physical damage or injury to the participant due to natural causes or as a consequence of the actions of other people.
5. I acknowledge, certify and accept that the minor has the emotional and physical capacity required to do all the activities including sun exposure, rain, walking distances with uneven surfaces, or other related activities in nature or in **Centro Esperanza** or its collaborators facilities.
6. I promise to review, promote and ensure that the minor complies with the safety rules, and rules of conduct and healthy coexistence duly explained by the personnel in charge.
7. I acknowledge and accept that I will be responsible for any act of aggression or any typified crime that the minor commits against the directors, co-directors, professionals, employees, volunteers, properties, collaborators, facilities and/or any entity that supports, is affiliated or allied to **Centro Esperanza, Inc.**
8. I RELEASE **Centro Esperanza, Inc.**, their Executive Directors, members of the Board of Directors, and all their employees, facilitators, officers, and volunteers, for any damages, direct or indirect, that I or the minor that I represent here could suffer while participating in the activities, meetings, workshops or any other activity. This release includes the waiting periods before and after the activities and traveling to or from the venue. This waiver applies to the result of any act or omission, both mine or that of the minor I represent, as well as that of a member of my family or companion.
9. I promise to pay and/or reimburse any expenses, collection invoices, sentence, resolution, or order issued by any court against Centro Esperanza, Inc. as a consequence of any act or fault of mine or of the minor that I represent and I will also pay any cost related to repairs, replacement of equipment or materials or improvements that have to be made due to my actions or omissions or the minor that I represent here. P

10. I authorize the representatives of **Centro Esperanza, Inc.**, their teams, agents, or any official to manage any emergency medical service that is required by an emergency situation in which I, or the minor that I represent, is in danger, without this representing any payment for medical service costs by **Centro Esperanza, Inc.** Paying and/or reimbursing any expense or bill for medical procedures will be my responsibility.
11. I  **AUTHORIZE**  **NO AUTHORIZE** **Centro Esperanza, Inc.** to use, for an indefinite period of time, my image or the image of the minor I represent, captured during the activities taking 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 **Centro Esperanza, Inc.**
12. I  **AUTHORIZE**  **NO AUTHORIZE** **Centro Esperanza, 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 using my name and/or identity, which may be revealed in the audiovisual material through a mention or a descriptive text or comment.
13. 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. decides to use my image, once or multiple times as described above and as they understand to be necessary.

**I have read the document and authorize and certify the minor named below to participate in the proposed event.**

Authorize the Use of Photos / Media ( yes or no)	Year of birth of the minor	Name of the minor	Name of father/mother/tutor	Father/mother/tutor signature

