



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



Release of Responsibility

(18 years or older)

Event: _____

Date: _____/_____/20____

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

1. I have been informed and understand my participation in the activities of **Centro Esperanza, Inc.** under the Heritage Tourism and Community Service Program.
2. I accept to participate in named training, field trips, or tours that **Centro Esperanza Inc.** organized in the Colobó community at the Loíza 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 **Centro Esperanza** or its collaborators could require physical activities that can vary between easy to moderate levels. 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 which may include: sun exposure, rain, walking on rough surfaces or uneven ground, or other elements related to activities in nature or **Centro Esperanza 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 **Centro Esperanza's** 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 with **Centro Esperanza Inc.**
8. I release forever and free from liability **Centro Esperanza, 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 employed in waiting before 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 **Centro Esperanza, Inc.** as a consequence of any act or fault of mine. I will also pay any cost related to repairs, equipment

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

11. I authorize the representatives of **Centro Esperanza, Inc.**, their teams, agents, or any official to manage any emergency or medical service that is required by an emergency in which I am in danger, without this representing any payment for medical service costs for **Centro Esperanza, Inc.** Paying and/or reimbursing any expense or bill for medical procedures will be my responsibility.
12. I **AUTHORIZE** **NO AUTHORIZE** Centro Esperanza, Inc. to use, for an indefinite period, my image captured during the activities taking place, be it photos, videos, or any audiovisual material, to be used in promotional materials, in fundraising campaigns or any communications material made by **Centro Esperanza, Inc.**
13. 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 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. decides to use my image, once or multiple times as described above and as they understand to be necessary.

Name of Adult	Signature	Date
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Address: _____

Phone Number: _____

Email: _____