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

EXCEPTIONAL COMMUNITY LEADERS PROGRAM

son de esperanza
INSPIRADO EN LA BOMBA

Release of Responsibility

GROUP - UNDER 18

The parents or legal guardians who sign this document certify that the minors in their custody voluntarily participate in the activities of Son de Esperanza of Centro Esperanza, Inc., and accept the terms and conditions established herein.

1. I have been informed, acknowledge and authorize the minor to participate in the activities carried out by **Centro Esperanza, Inc**., under **Son de Esperanza**.
2. That the minor I represent here can participate in the training and education activities, study trips and tours organized by **Centro Esperanza, Inc**. in the community of Colobó in the town of Loíza, as well as in any other place where activities, meetings or tourist services are held.
3. I acknowledge, certify, and agree that activities in which the minor will participate with **Centro Esperanza, Inc**. and/or collaborators may require physical activity ranging from easy to moderate. I have been duly informed about the requirements, the appropriate clothing to participate in this activity, and the environmental conditions and equipment to which the minor may be exposed. I confirm that I understand the necessary requirements and conditions and affirm my authorization for the minor to participate in the activity.
4. I acknowledge, certify and agree that, as in any activity, in practice and in participation, accidents may 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 agree that the minor has the emotional condition and physical capacity required to perform all required activities: exposure to the sun, rain, walking distances on uneven terrain, or other elements related to activities performed in nature or on the premises of **Centro Esperanza, Inc.** and/or its collaborators.
6. I am committed to reviewing, promoting and ensuring that the minor complies with the rules of safety, rules of conduct and healthy coexistence duly explained by the personnel in charge.
7. I acknowledge and agree that I will be liable for any act of assault or any typified offense that the minor commits against the directors, co-directors, professionals, employees, volunteers, properties, collaborators, facilities, and/or any entity that supports, is affiliated with, or allied with **Centro Esperanza, Inc.**
8. I forever release and hold harmless **Centro Esperanza, Inc**., its Executive Directors, members of the Board of Directors, and all of their employees, facilitators, officers, and volunteers from any direct or indirect harm or harm that I or the minor I represent herein may suffer while participating in the activities, meetings, workshops, or any other activity. This release includes the waiting period for the activity to start or end, as well as during the journey to or from the activity. This release applies to the result of any act or omission, whether it is mine, the minor I represent, or any member of my family or partner.
9. I will pay and/or reimburse any expenses, invoices, judgments, judgments, or orders issued by any court against

Centro Esperanza, Inc. as a result of any act or omission on my part or on behalf of the minor I represent, and I will also pay any costs related to repairs, replacement of equipment or materials, or improvements that may be required due to the actions or omissions of me or the minor I represent.

10. I authorize the representatives of **Centro Esperanza, Inc**., its teams, agents or any other official to manage any emergency medical service that is required by an emergency situation in which the minor is in danger, without this representing any payment for the costs of medical service by Centro Esperanza, Inc. Paying and/or reimbursing any expenses or bills for medical arrangements will be my responsibility.

11. In the box next to the minor's name, specify whether you authorized **Centro Esperanza, Inc.** To use, for an indefinite period of time, their image captured during the activities carried out. This includes photos, videos or any audiovisual material, which may be used in promotional materials, fundraising campaigns or any institutional communication of Centro Esperanza, Inc.

12. I waive any right, claim, or interest I may have to control the use of the minor's identity; I understand and agree that I will not receive financial or other remuneration for audiovisual material published in the media that **Centro Esperanza, Inc**. chooses to use my image, one or more times as described above and as they deem necessary.

P.O. Box 482 Loíza, P.R. 00772 / Tel. / Fax: (787) 876 - 3389
cesperanzaloiza@yahoo.com / www.centroesperanzaloiza.org

Age	Name of the Minor	AUTHORIZATION OF USE IMAGE YES/NO	Name of Parent/Guardian	Parent/Guardian Signature

Date of visit: _____

Name of the group or institution: _____

Tour Operator Name (if applicable): _____

Place of origin: _____

Name of the person in charge: _____

Contact telephone number of the person in charge: _____

Signature of the person in charge: _____

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