

**SUMMIT IN HONDURAS, INC. a 501 ( C ) ( 3 ) CORPORATION**

**RELEASE, INDEMNITY, ASSUMPTION OF RISK AND POWER OF ATTORNEY**

Name: \_\_\_\_\_

After reading and the itinerary and the U.S. Department of State Current Consular Information Sheets appropriate to Honduras, I willingly participate in this trip.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Summit in Honduras, its directors, officers, agents, employees, coordinators, facilitators, volunteers, and other team members from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with participation in this activity, specifically including, but not limited to, the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury I may suffer.

I understand that there are risks inherent in travel, especially international travel. I freely and knowingly assume responsibility for all such risks.

I agree to indemnify, defend and hold harmless Summit in Honduras, and its agents named above from any and all claims, liabilities and causes of action, including attorney fees, for the injury or damage of any person or property caused or contributed to me.

I delegate my power of attorney to Maggie Ducayet to give consent or waiver for medical treatment. The delegation will continue from the beginning of the trip through the end of the trip. I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from my participation.

I recognize the right of Summit in Honduras to cancel this trip at any time for any reason deemed sufficient by the Summit in Honduras Board of Directors, and that Summit in Honduras shall bear no responsibility for financial losses, including loss of deposits and airfare, resulting from cancellation.

I have read this release, indemnity, and assumption of risk and power of attorney, the Consular Information Sheets, and understand all of the terms and nature of the trip. I execute this document voluntarily and with full knowledge of its significance.

Signed: \_\_\_\_\_ DATE \_\_\_\_\_