

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE
Acknowledgment and Assumption of Risk I am aware of the dangers and the risks to my person and property involved in participating in ESTHETICS, and/or FOOD and CITY TOUR in PERÚ.



☐ I understand that this activity involves certain risks for physical injury, medical complications, issues and unforeseen side effects. I also understand that there are potential risks which I may not presently be aware of.

Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules, and regulations, and any supervisor's instructions regarding participation in this activity. I understand that HungryTraveler.us (DMC – Destination Management Company), Unity Coalition | Coalición Unida, Herb Sosa, George Cornado, or any/all related persons or entities, does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the stated entities have no responsibility or liability for injury resulting from this activity. I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. Waiver of Liability and Indemnification: In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever: a) waive, release, and discharge the above named entities and their agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and b) agree to defend, indemnify, and hold harmless the University of North Dakota HungryTraveler.us (DMC – Destination Management Company), Unity Coalition | Coalición Unida, Herb Sosa, George Cornado, or any/all related persons or entities, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event.

☐ This agreement is to be governed by and exclusive jurisdiction for any claims to be brought in the State of Florida Court of the Eleventh Judicial Circuit in and for Miami, Dade County, Florida.

☐ Any breach of this agreement which requires legal proceedings would entitle the prevailing party to recover attorney fees and costs from the non-prevailing party.

☐ I hereby consent to receiving medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event.

☐ This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain because of my participation.

☐ The signor is not under the effects of any form of medication which would impair their judgment in the signing of this agreement and has been recommended to seek legal counsel review before executing same.

☐ I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name: _____ Phone # AND email _____

Signature: _____ Date: _____

Witness name & signature (or notary) #1: _____ Date: _____

Witness #2: _____ Date: _____