



### ***Release, Waiver of Liability, and Covenant Not to Sue***

I hereby acknowledge my awareness that my participation at CerviCusco may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. I am aware that there are inherent risks in travel and work in international settings, particularly in developing countries. I understand that the political and environmental and cultural situations in these countries differ from those in my own country. I understand that these situations are unpredictable and may become volatile and dangerous, often within a very short period of time. I understand that in such circumstances evacuation may prove difficult or impossible. I understand that the risks that I may encounter include but are not limited to airplane crashes; motor vehicle accidents; political unrest; terrorist incidents; earthquakes; sickness; and criminal acts, as well as other risks that may not be foreseeable. Furthermore, I acknowledge that I have read the current Consular Information Sheet for the country of Peru issued by the United States Department of State. I hereby assume any and all such risks.

I understand that I am subject to the laws of Peru. I also understand that it is my responsibility to be informed about the laws of Peru and to conduct myself in a manner that complies with those laws. I understand that I am responsible for my own personal property and will not hold CerviCusco responsible should damage occur.

To the best of my knowledge, I am in good health and suffer no disability or condition that, even with reasonable accommodation, would render my participation medically inadvisable. I understand that I am required to carry health or accident insurance that will cover me while I am abroad, and that I will be responsible for any expense associated with inquiries or illnesses that may occur, including the cost of medical evacuation and repatriation of remains. In case of emergency, I authorize the CerviCusco staff to obtain necessary treatment on my behalf. I recognize that CerviCusco assumes no financial responsibility for legal aid or for my care should I be involved in an accident.

I have weighed the dangers inherent in foreign travel and work, the risks presented to my own health and wellbeing, and my personal desire to further my experiences by traveling and working in foreign countries. I acknowledge that there may be additional factors that may not have been brought to my attention. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

I understand that my participation in this experience is voluntary and that I voluntarily assume all risks of injury to myself and damage to my property and agree to indemnify and hold harmless CerviCusco, their officers, directors, employees and authorized agents from any and all liability, claims, causes of action loss, damages, costs or expenses (including attorney fees) arising out of my participation in international experiences or transportation to and from there.

I hereby release and forever discharge CerviCusco, the board of Directors from CerviCusco, their members individually and their officers, agents and employees from



any and all claims, demands, rights and causes of actions of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation at CerviCusco.

I further covenant and agree that for the consideration stated above, I will not sue CerviCusco, the Board of Directors of CerviCusco, its members individually its officers, agents, or employees for any claim for damage arising or growing out of my voluntary participation.

I understand that the acceptance of the Release, Waiver of Liability and Covenant Not to Sue by CerviCusco shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I have read and understood the above, and I voluntarily agree to all of the provisions herein.

I certify that I am at least 18 years of age, or if not, that I have secured below the signature of my parent or legal guardian as well as my own.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number