

**LIABILITY RELEASE**  
**RELEASE OF ALL CLAIMS**  
For participant under 21 years of age

We, (I) \_\_\_\_\_ being 21 years of age or older, do for ourselves (myself) (and for and on behalf of our (my) child-participant, \_\_\_\_\_ hereby acknowledge receipt of the HOPEHOUSE INTERNATIONAL, INC. (a non-profit ministry to Orphans) & TOGETHER INTERNATIONAL, INC. (trip facilitator) Handbook. I have read and become well-versed with its contents in order to better enable me to anticipate the conditions, customs, and practices so as to aid me with the overall preparation and requirements of this missions trip.

I further understand that HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. are merely coordinators of travel arrangements and program planning, and cannot guarantee the performance and service levels of the vendors, suppliers, cruise lines, airlines, trains, busses, Ukrainian counterparts and other providers of goods and services. Because HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. are coordinators and not providers, the undersigned does hereby agree to hold harmless of any and all losses or changes and agrees to pursue the provider of services for any and all remedies.

Further, I do hereby release, forever discharge and agree to hold harmless HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred as a result of participation in the HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. mission trip and its' activities.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein.

I further hereby agree to hold harmless and indemnify HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. and its' directors, employees, and agents, for any liability sustained by HOPEHOUSE INTERNATIONAL, INC. & TOGETHER INTERNATIONAL, INC. as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Further, should it be necessary for me, the participant, to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

\_\_\_\_\_  
Print Name of Participant

State of \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_