

COSTA RICA EXPLORATIONS

Participant's Acknowledgment of Non-Negotiable Rules and Policies

Please read and initial each contract item below. Indicate if you do not understand any specific policy or rule. CRE would be more than happy to answer any question you might have or explain why we have included the specific item.

- I will put my personal goals second to the group's goals. I will be patient, flexible, understanding, respectful and open-minded throughout the duration of the program to anyone I come in contact with.
- When I choose to actively participate in a group activity or meeting, I will do so in a constructive and positive manner.
- I will keep in mind other people's feelings and respect any decisions made by the leader(s), instructor(s), teacher(s), guide(s), and/or host family in charge.
- I will not possess and/or use any form of tobacco, non-prescription drugs, alcohol, or weapons. I understand that this rule is cause for expulsion from the program immediately without refund of program tuition.
- I will avoid involving myself in any form of exclusive behavior, sexual activity, violence, or unauthorized absences from the group.
- I will respect the authority, rules, and safety policies put into place by my leader(s), instructor(s), teacher(s), guide(s) and/or host family in charge. I will make them knowledgeable of my whereabouts at all times. I will never travel alone.
- I will tell my lead instructor(s) if I am feeling uncomfortable with any aspect of the program, including but not limited to, homestay situations, community service project duties, adventure excursions, health and/or relationships with group member(s), guide(s), or community member(s).
- I have read the *Terms and Conditions*, reviewed them with my parents, and agree to abide by them.

Student Signature: _____ Date: _____

I read, reviewed and approve of these non-negotiable rules and policies and believe that my child understands them.

Parent/Guardian Signature: _____ Date: _____

COSTA RICA EXPLORATIONS

Parent/Guardian Contract: *Waiver of Liability, Assumption of Risk, and Indemnification Agreement*

Please read and sign the *Waiver of Liability, Assumption of Risk, and Indemnification Agreement* below.

Costa Rica Explorations, LLC (here and after referred to as CRE) for the purpose of this agreement includes employees, subcontractors, subsidiaries, affiliates, directors, founders, officers, successors, agents, partners, and assigns. The parent/guardian for the purpose of this agreement is the parent/guardian of the child participating in the CRE program.

Parent/guardian agrees that he/she has read and understands the program description for which his/her child is applying. Parent/guardian acknowledges that he/she has also read, understands and agrees to the document entitled *Terms and Conditions*. Parent/guardian also acknowledges that his/her child has voluntarily applied to participate in the program with the knowledge of the dangers and numerous risks involved. Parent/guardian agrees that certain risks do exist in the CRE program, and the parent/guardian understands the nature of the activities involved in the program. Parent/guardian understands that CRE will hire various independent contractors to perform services and provide goods, products and experiences for his/her child including, but not limited to, transportation, lodging, food, tour directors, equipment or gear supplies, etc. Parent/guardian agrees that CRE will not be liable for any negligent, reckless or willful act or failure to act of any such person, company, or corporation hired by CRE, whether such act or failure to act is deemed civil or criminal.

Parent/guardian agrees his/her child assumes all risks of participating in all activities and hereby agrees to release, waive, indemnify, and hold harmless CRE and their agents of any and all liability and responsibility of any nature for any loss or damage to property or personal injury, including but not limited to theft, physical injury, sexual advances, death or illness incurred by his/her child while participating in a CRE program. In the case of legal action, any and all jurisdiction will be held in Summit County, UT. Any individual upon bringing legal action against CRE resulting in a favorable decision for CRE will be responsible for all legal fees, court costs, deposition costs, expert fees, witness fees, and out of pocket expenses of CRE, and/or its employees and agents. In addition to the collection costs of any such monetary damages, including attorneys' fees and court costs.

Signatures:

Parent/Guardian 1 _____ Date _____

Parent/Guardian 2 _____ Date _____

COSTA RICA EXPLORATIONS

Consent for Treatment of a Minor and Power of Attorney for Medical Care and Legal Matters

I, _____ as the parent / legal guardian of

_____, I give my consent for medical, surgical and / or physical treatment should my child's condition require such treatment. Further, I give my consent and authorization to CRE to hire legal counsel if necessary for my child. I hereby appoint the owners of CRE, or their designee, as my agent and power of attorney and grant to said person my legal powers concerning said minor child's health and well-being with respect to medical treatment, including consent to all types of medical care, treatment, surgical procedures, including dental work, medication, admission to hospitals and the execution of any consent or waiver which may be required by any physician, hospital or medical personnel as a condition of treatment of said minor. Further, I appoint the owners of CRE or their designee as my agent and power of attorney regarding any legal matters and decisions involving said minor child. Notwithstanding this consent, it is understood that CRE will attempt to contact said child's parent/guardian at the telephone number or email address provided for such matters that CRE deems emergency or critical.

The undersigned recognizes and acknowledges that any medical or legal expenses attributable to my child's treatment, care, or representation are the sole responsibility of the undersigned.

Parent/Guardian Signature: _____ Date: _____

Telephone: _____

STATE OF _____ COUNTY OF _____

ON THIS ____ DAY OF _____ 20____, THIS PERSON SIGNING ABOVE APPEARED BEFORE ME AND SATISFACTORILY PROVED TO ME TO BE THE PERSON SO NAMED AND ACKNOWLEDGED THAT HE/SHE DID FREELY AND VOLUNTARILY EXECUTE THIS INSTRUMENT.

NOTARY PUBLIC _____

COMMISSION NUMBER _____

EXPIRATION _____

COSTA RICA EXPLORATIONS

General Assessment Form

Page 1 and 2 to be completed by the participant and parent/guardian.

Page 3 to be completed by the health care provider.

Participant name: _____ DOB: ____/____/____

Health care provider name (please print): _____

Provider's Address: _____

Provider's Telephone: _____ Fax: _____

Provider's email address: _____

Allergies and Medications

List any **Allergies** you have, include medicines, foods, bites, stings, etc. (Attach additional pages as necessary.)

Allergy	Reaction	Medications Required

List any **Medications** you are using, including prescription and over-the-counter medications. (Attach additional pages as necessary.)

Medication	Condition	Dosage

Summary of Active Medical Condition(s)/Restriction(s)

Please summarize any current / active medical conditions which exist. With each condition, please list all restrictions, medications in use, dosage, and timing.

Active Medical Condition	Medications/Dosage	Timing of Dosage	Restriction(s)

Past Medical Conditions and/or Surgeries:

Dietary Restrictions:

History of Immunizations

Immunization	Year of last immunization	Up to date?
MMR		Yes No
Tetanus		Yes No
Hepatitis A		Yes No
Hepatitis B		Yes No
Polio		Yes No

CDC Recommendations for Costa Rica

The following are recommendations only. Consult your family physician to determine your personal precautionary preferences for the conditions mentioned below.

Condition	Medication/Dosage	Timing of Dosage
Typhoid		
Malaria		
Rabies		

General Assessment by Physician, Nurse Practitioner or Physician Assistant

(to be completed, initialed, and signed by the health care provider)

Please **initial** the applicable boxes on the left-hand side approving or disapproving the participation of your patient in a Costa Rica Explorations program. Please state any restrictions that may apply to your patient throughout his/her visit to Costa Rica.

	Approval	I have examined this person within the last twelve (12) months, and I find no medical or physical reasons why this person should not participate.
	Approval based on the following restrictions.	I have examined this person within the last twelve (12) months, and I find no medical or physical reasons why this person should not participate as long as the person adheres to the following restrictions: _____ _____
	Disapproval	I have examined this person within the last twelve (12) months, and there are medical or physical reasons why this person should not participate.

****Please attach a copy of this patient's most recent list of immunizations and proof of health insurance.**

Summary/Comments: _____

Physician- How long have you known the patient? _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____