

Name _____
Full Passport Name

Date of Birth: _____

Medical Treatment Authorization and Power of Attorney

In the event, I, the undersigned Participant, suffer an injury or condition during my participation in any of the Activities including transportation to and from any of the Activities which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and as the result of which I am unable, in the opinion of my appointed agent to make an informed decision regarding such treatment:

I hereby appoint **The Bright Hope Team Leader** _____ **to be my agent** to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physician, I am competent to make informed decisions regarding the need for medical treatment.

Signature: _____ Date: _____
Participant

Signature: _____ Date: _____
Team Leader (Agent)

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, desire to participate in a trip including various events and activities (hereinafter collectively referred to as the "Activities") outside the United States operated or sponsored in full or in part by Bright Hope International.

I understand and acknowledge that Bright Hope International will not allow me to participate in the Activities without releasing and holding Bright Hope International harmless from any liability arising out of my participation in the Activities. I have been apprised of and have personally investigated the potential risks involved in participating in the Activities and expressly acknowledge such potential risks and agree to and do fully and personally assume any and all risks relating to such Activities. Specifically, I hereby expressly understand, acknowledge, and agree to and do assume and take full and complete responsibility for any and all such risks (actual and potential) that I may suffer, be exposed to, or experience, including without limitation the risks of (i) permanent or temporary personal and/or bodily injury, (ii) permanent or temporary physical, emotional, and medical disabilities, (iii) loss or theft of personal property, (iv) imprisonment, (v) abduction, (vi) death, and (vii) any and all such other risks including all Covid related medical and travel issues and events that may arise from or be related to participation in or with any of the Activities.

Notwithstanding the existence of the risks relating to participation in and arising from the Activities, I request that Bright Hope International allow me to participate in the Activities, and in consideration thereof, I hereby agree to and do, for myself and my heirs, executors, administrators, and assigns release, acquit and forever discharge Bright Hope International and its officers, directors, agents, employees, representatives, partners, any parties volunteering on behalf of Bright Hope International, and all other persons, firms, corporations, associations or partnerships, claiming by or through any of them (collectively the "Released Parties"), from any and all actions, causes of action, demands, injuries, claims, damages, costs or expenses (including reasonable attorney fees and court costs), or obligations of any nature or kind, known or unknown, (all of the foregoing are and shall be collectively referred to herein individually as a "Claim" and collectively as "Claims") growing out of or related in any manner whatsoever to my participation in or otherwise arising from or related to the Activities. I understand that this is a full and complete release of any and all current and future Claims, and further expressly agree that this instrument may be treated as a defense to any action or proceeding that may be brought, instituted, or taken by the undersigned personally or on the undersigned's behalf, against Bright Hope International or any of the Released Parties, and shall forever be a complete bar to a commencement or prosecution of any action or proceeding whatsoever against the Released Parties for any Claim or Claims of the undersigned or undersigned's heirs, executors, administrators, and assigns as a result of the undersigned's participation in or otherwise relating in any manner to the Activities.

By executing this form, I further agree to indemnify and hold Bright Hope International and each of the Released Parties harmless from and against any and all Claims (including reasonable attorneys' fees and court costs) that may be incurred by Bright Hope International or any of the Released Parties as a result of my participation in or otherwise arising out of or relating to the Activities. I expressly agree that this General Release and Hold Harmless Agreement is intended to

be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and understood the foregoing. I further understand that by signing this General Release and Hold Harmless Agreement, I am giving up legal rights and/or remedies which may be available to me or my heirs, executors, administrators, and assigns.

Signature: _____ Dated: _____

PARTICIPANT*

In witness whereof, the undersigned Participant has hereunto set his/her hand this _____ day of _____, _____.

Witness Name: _____

Please print

Witness Signature: _____

***If Participant is under 18 years old, BOTH parents or legal guardian of Minor Participant must complete and sign below:**

I/we authorize the Bright Hope Team Leader, _____, to take my/our child out of the country.

I/we also authorize the above party to make any decisions regarding medical attention for my/our child during the trip.

Signature of Father Date

Signature of Mother Date

Notary Public Signature Date

Printed Name Commission Expiration Date

County of State of

MEDIA RELEASE AGREEMENT

In consideration of my interest in furthering the purposes of Bright Hope, I hereby consent to any recording of myself on vid eotape, film, audio tape, paper, digital medium, or otherwise, by said organization, its agents, or employees. I authorize the use of such recordings for any proper and legitimate educational or commercial purposes by the organization, either on or off site.

I acknowledge your ownership of the program and further agree that you may use my name, likeness and biography for the purpose of promoting programs.

I warrant and represent that all material furnished by me is my own or for which I have full authority for such purposes.

Signature: _____ Date: _____