

CONSENT FOR MEDICAL TREATMENT

I _____ am a **volunteer trip participant eighteen (18) years of age or older** and this AGREEMENT, CONSENT & RELEASE is binding on me and my executor, administrators, heirs, and assigns. I understand that BMM and/or La Vida cannot be expected to control all the risks articulated in this form, and BMM and/or La Vida may need to respond to accidents and potential emergencies. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at a medical facility and/or BMM and/or La Vida representatives, if I am unable to provide such consent myself during my participation in activities and/or mission trips affiliated with BMM and/or La Vida with the understanding that all costs of any medical treatment provided to me will be my responsibility. I agree to reimburse, indemnify, and hold harmless BMM and/or La Vida its officers, directors, employees, volunteers, and agents for any expenses incurred to provide me with medical treatment, even if BMM has signed hospital documentation promising to pay for the treatment due to my inability to sign such documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, BMM and/or La Vida its officers, directors, employees, volunteers, and agents from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be incurred by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility.

International acts of terrorism, violence, and kidnapping are a tragic part of the current reality. I agree with BMM and/or La Vida that governments, organizations, and individuals have a common interest in not giving in to terrorist demands. I agree with BMM and/or La Vida that, whenever made, concessions only encourage further attacks and put additional people at risk. I understand that if I am held hostage or a victim of kidnapping, BMM will use every legitimate means to secure my release but will not make any concessions to terrorists nor negotiate payment of ransom for my freedom.

Each Releasing Party agrees that the release, waiver, and indemnity agreement is intended to be as inclusive as is permitted by the laws of the State of Alabama and that if any portion of this release, waiver, and indemnity agreement are held invalid, the balance will, notwithstanding, continue in full legal force and effect. I agree that this release and waiver of liability shall be governed by Alabama law and applicable laws of the United States. The venue for resolving such disputes shall be Baldwin County, Alabama. Any issues arising from this agreement that are solely maintained against Fundación La Vida shall be governed and determined by the applicable laws of the Sovereign Nation of Ecuador, and such actions may not be prosecuted in any court or tribunal of the United States of America.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

PRINTED NAME Participant.

SIGNATURE of Participant or Legal Guardian.

DATE