

## LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT

Please read this document carefully, then sign all sections; and have it signed by a Notary Public.

This paperwork is essential to plan the safest experience for you.

I, \_\_\_\_\_, (hereinafter called PARTICIPANT)  
PARTICIPANT FULL LEGAL NAME

do hereby verify that I am eighteen (18) years of age or older and have voluntarily applied to participate in the CACHAMSI, INC medical Spanish immersion program. CACHAMSI, INC has given me a thorough and good introduction about the program and risks that could exist by my participation in said program. I have furthermore studied independently the risks intendant upon traveling to and from and residing in those foreign countries where I will be while participating in said program.

PARTICIPANT understands that CACHAMSI, INC acts only as agent and advisor for participating doctors, hospitals and other participants and does not assume any liability for injury, damage or loss, accident, delay or irregularities that may be occasioned by reason of defect or through the acts or defaults of any company or person in carrying out the arrangements by air, land or lakes, accommodations, travel programs, study programs and courses furnished by contractors independent of CACHAMSI, INC. Payment of deposit and final balance on the cost of the arrangements signifies the acceptance on the part of the PARTICIPANT of this limitation of liability of CACHAMSI, INC and PARTICIPANT accepts all such services of CACHAMSI, INC subject to such disclaimer and limitation of liability.

I understand and acknowledge that the activities in completing said program may expose me to risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such medical Spanish immersion program and its risks.

In consideration of my participation in the activities and trip, I hereby accept all risks to my health, as well as the risk of my injury or death that may result from my participation in such program or my travel to and from and residence in foreign countries while participating in said program and I hereby release CACHAMSI, INC, its members, managers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the activities of the medical Spanish immersion program.

I further agree to indemnify and hold harmless CACHAMSI, INC, its members, managers, employees and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the activities of the medical Spanish immersion program.

This Agreement is entered into by and between myself and CACHAMSI, INC in the State of Texas and Colorado County, Texas, and shall be, to the fullest extent possible, be governed by the law of the State of Texas. It is further agreed that venue for any action at law, or in equity, regarding the effectiveness or the interpretation of this Agreement or any action of any kind, at law or in equity, arising from PARTICIPANT'S participation in the program described herein shall lie in Colorado County, Texas.

If any term or provision of this Agreement is held by a Court of competent jurisdiction to

be invalid, void or unenforceable, the remainder of the provisions of this Agreement shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTIONS ACCRUING TO ME OR MY ESTATE, MY PERSONAL REPRESENTATIVES, HEIRS OR NEXT OF KIN AND ASSIGNS FOR MY ILLNESS, INJURY OR DEATH, OR ANY DAMAGE TO MY PROPERTY, THAT OCCURS WHILE I AM PARTICIPATING IN THE MEDICAL SPANISH IMMERSION PROGRAM AND I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS CACHAMSI, INC, ITS MEMBERS, MANAGERS, EMPLOYEES AND REPRESENTATIVES FROM ANY LIABILITY FOR INJURY OR DEATH FROM ANY PERSON AND FROM LIABILITY, TO DAMAGES TO PROPERTY CAUSED BY ME DUE TO MY NEGLIGENCE, INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN SAID MEDICAL SPANISH IMMERSION PROGRAM.

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(Signature of PARTICIPANT)