

## Release for Educational Trip WASHINGTON, PHILADELPHIA & NEW YORK

I (We) \_\_\_\_\_ and \_\_\_\_\_,

social security number 000-000 - \_\_\_\_\_, and 000-000 - \_\_\_\_\_, of legal age and resident (s)

of \_\_\_\_\_, Puerto Rico, being duly sworn deposed and say under oath:

1. That my (our) name (s) and personal circumstances are the ones above mentioned.

2. That I (we) are the parents with legal custody of minor (s)

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3. Therefore, I (we) authorize my (our) child to take the educational trip organized by

\_\_\_\_\_ and M.C. Tours, Inc.; to the Cities of Washington, Philadelphia and New York

from the \_\_\_\_ of \_\_\_\_\_, 20\_\_ to the \_\_\_\_ of \_\_\_\_\_, 20-\_\_ under direct supervision and accompanied by professors:

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4. The above mentioned persons are authorized by me (we) to act as legal guardians during the trip and as such to make decisions in case of medical emergency, including any treatment or hospitalization necessary to guarantee my (our) child physical integrity and health.

5. My (our) child primary doctor is

Dr. \_\_\_\_\_.

6. My child (children) has \_\_\_\_\_; does not have \_\_\_\_\_ the following physical or mental condition:

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7. That my child (children) takes (take) \_\_\_\_\_; does not takes (take) the following medicines:

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8. If necessary, I authorize the supervisor (s) to contact me with charges to my telephone number on file at any time during the day or night.

9. The organizers of this trip compromise and obligate to take care of the participants care and well - being, particularly they obligate to celebrate all the activities in places dully insurance, not limited to fields, parks, hotels and transportation. No activities will be celebrated in those places that are not covered by insurance.

10. The organizers of this trip have declared that they compromise, obligate or compel to have all the insurances, including travel insurance for each child (children) individually, as a requirement for their participation in this activity.

The insurance will include emergency medical expenses, death, medical transportation, luggage loss, passport loss, legal advice during the trip emergency funds transfers, travel agencies assistance, etc.

11. That I (we) hereby agree and promise and make myself responsible of releasing and indemnifying

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M.C. Tours, Inc.; and Merylee Suazo of all expenses, costs or litigation, including, but not limited to legal fees, for all damages caused by my child (children) to the organizers, third parties or spectators during this trip.

In case there is the need to return my (our) child (children) back to Puerto Rico before the established date, I (we) make myself (ourselves) responsible for all the expenses necessary, no matter the reason for this decision, whether it be due to behavior or health problems. In case of a judicial claim presented against me (us) to fulfill any debt assumed by me in favor of the organizers of this activity, I (we) assume all the claim expenses and all the legal fees.

12. That I have been instructed that the above paragraph does not release the organizers of this activity from their duty to act according to the law and to take care of my (our) child (children) care, security, and well-being, all as a "buen padre de familia".

13. I (we) in my (our) function as the legal guardian of the minor (s) mentioned above, authorize (he, she or them) to travel to Washington, Philadelphia , New York and participate in the Educational Trip. I (we) understand that in this trip the student will or can take part of activities such as roller coasters, pools, motion simulator, elevators, and will use different forms of transportation. I'm aware that there is a possibility an unforeseen accident could occur, and I (we) hereby agree and promise and make myself responsible of releasing and indemnifying from responsibilities the teacher (s) above mentioned in his (her) personal character and his (her) combine assets in case of an accident. Including M. C. Tours Inc. travel agency.

14. I (we) certify that I have read the totality of this document and have discussed

with my (our) child (children) the importance of behaving according to the "Código de Conducta" which guides the participants of this activity, and I (we) especially made him (her) aware of the natural consequences in breaking its rules.

15. I (we) certify that I (we) are aware of the convenience that this document must be signed under oath by both parents with legal custody.

16. I (we) certify that in case this statement being signed only by the parent with legal custody, it has been discussed with the other parent and that he (she) full knowledge of this activity and gives his (her) consent and agrees with this statement.

In witness whereof, do hereby declare under oath this document in \_\_\_\_\_, Puerto Rico

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Affidavit: \_\_\_\_\_

Sworn and subscribed before me by

\_\_\_\_\_, and

\_\_\_\_\_ of the above stated circumstances who I have been

identified by the Commonwealth of Puerto Rico Driver's license number \_\_\_\_\_,

In \_\_\_\_\_, Puerto Rico \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**NOTARY SEAL**

**NOTARIO PÚBLICO  
NOTARY PUBLIC  
\*Commission does not expires**