

## STATEMENTS AND AUTHORIZATIONS

1. I hereby declare under oath that all data and information provided to the FUNDACION GRUPOPUNTACANA (FGPC) are absolutely true and correct, that my attendance and participation in the program is voluntary, and I therefore acknowledge the following:
  - a. That I am responsible to FGPC and/or its associates for any damage or loss that may occur to my person due to my participation in the Program.
  - b. When FGPC operates in a location pertaining natural resources and community services, such participation may require my exposure to plants, medical service care or training, water resources, etc., as well as the access and/or use of, which may include but is not limited to, specialized tools, in harsh conditions, for long periods of time, limited visibility, strong currents or waves, which may involve foreseeable or unforeseeable risk, to myself or my property, associated with, or which could arise when carrying out Program activities, to which I have no objection.
  - c. That I am voluntarily participating in the Program With full knowledge of the direct and indirect risks and dangers inherently present, for which I hereby accept full responsibility.
  - d. I hereby recognize to be exclusively responsible for hiring the required insurance policies to cover the costs of possible injury, omissions or damage to third parties caused by my own fault or negligence throughout my participation in the Program. I hereby declare that, as a Participant, I have proper insurance coverage against accidents and medical contingencies, as well as the necessary insurance coverage for medical repatriation/evacuation. I hereby accept and acknowledge that in the event FGPC undertakes payments on my behalf for expenses of any kind, I shall promptly reimburse any such expenses before the end of The Program.
  - e. In the event of requiring medical treatment, I hereby AUTHORIZE FGPC to coordinate my transfer to a health center or hospital in the Dominican Republic; I hereby undertake to personally, and/or my heirs and/or assigns to pay expenses incurred. In the event the undersigned is unable to give consent, I hereby authorize a representative of FGPC to consent and authorize to any x-ray examination, anesthesia, diagnosis or treatment on my behalf, as the medical center or hospital may deem necessary or convenient.
2. I hereby acknowledge that in the event of an emergency, changing conditions, force majeure or the interest of the participating group, FGPC may at any time cancel, vary, substitute or in any manner modify The Program and/or its participants.
3. I hereby agree and undertake to comply with the laws in force in the Dominican Republic, the standards and guidelines prepared by FGPC or its designee, and the guidelines set forth for The Program. I hereby acknowledge that in the event of infringement, FGPC shall be entitled not to allow me to stay in the program, notwithstanding any legal means at their disposal.
4. I hereby declare that in the event of my death during my stay in The Program, this document is effective upon the members of my family, my heirs, assigns and/or personal representatives; I also hereby declare to have freely and voluntarily signed this document.
5. I hereby declare my absolute consent with regards to this document being construed and governed pursuant the laws of the Dominican Republic.

By the Applicant:

\_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

**(IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THE PARENT AND/OR GUARDIAN MUST COMPLETE THE REQUIRED ADDITIONAL INFORMATION DETAILED BELOW AND SIGN IN APPROVAL IN ORDER FOR THE MINOR TO PARTICIPATE IN THE PROGRAM)**

I, \_\_\_\_\_, of \_\_\_\_\_ citizenship, of legal age, of marital status: \_\_\_\_\_, bearer of Identity and Electoral Card / Passport No. \_\_\_\_\_, domiciled and resident at \_\_\_\_\_, hereby freely and voluntarily **DECLARE** the following: **FIRST**: I hereby authorize the minor \_\_\_\_\_, who is currently in \_\_\_\_\_ grade, participate in the following Program \_\_\_\_\_ (The Program), which shall be carried out at Fundación Grupo Puntacana (FGPC) throughout the following dates: \_\_\_\_\_.

**SECOND**: I hereby acknowledge that I have freely and voluntarily agreed to such minor's participation in The Program, and I hereby formally and expressly accept all terms and conditions set forth in the back of this document. **THIRD**: I undertake to specify in my own handwriting, when the minor is allergic to any plant or medication, or if minor suffers from a certain condition. **FOURTH**: In the event such minor requires medical attention, I hereby AUTHORIZE for the minor to be transferred to a medical center or hospital; I hereby accept responsibility for medical expenses incurred. **FIFTH**: I certify that I am the parent or legal guardian of the above named minor, that I have read this document and that I unreservedly accept it, thus granting my consent to all of the actions set forth herein.

INFORMATION OF PARENT OR LEGAL GUARDIAN	
Signature of Parent or Legal Guardian:	
Telephone:	
E-mail:	
Address:	
Date:	