

## # EXPLORA BAILA - RELEASE AND WAIVER OF LIABILITY

LOCATION: Nicaragua

RETREAT DATES: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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### 1. ACKNOWLEDGMENT OF RISKS

\_\_ I, the undersigned participant, understand that the retreat may include activities such as (but not limited to):

- Hiking / Dancing / Swimming / Surfing & Water Sports
- Boating / Yoga & Physical Exercise / Wildlife Encounters
- Ziplining or Adventure Sports
- Transportation by vehicle, boat, or shuttle

\_\_ I acknowledge that these activities involve inherent risks, which may include physical injury, illness, emotional stress, property damage, or in rare cases, death.

\_\_ I further acknowledge that conditions in Nicaragua—such as terrain, weather, ocean conditions, road safety, medical facilities, and wildlife—may present additional hazards.

\_\_ I voluntarily choose to participate, fully aware of these risks.

### 2. ASSUMPTION OF RISK

\_\_ I expressly and voluntarily assume full responsibility for all risks associated with my participation in the retreat, whether foreseeable or unforeseeable.

### 3. RELEASE OF LIABILITY

In consideration for being permitted to participate in this retreat, I hereby release, waive, and discharge:

**\*\*Explora Baila con Salsero y Laura\*\***, its owners, employees, guides, contractors, agents, volunteers, and affiliates from any and all liability, claims, demands, actions, or causes of action arising from injury, illness, accident, loss, or damages that may occur during or as a result of my participation.

This release applies to negligence of the organizers to the fullest extent permitted by law.

### 4. MEDICAL AUTHORIZATION

☐ I attest that I am physically able to participate in all retreat activities. In the event of injury or illness, I authorize retreat staff to obtain medical care on my behalf and agree to be financially responsible for all associated costs.

☐ I understand that medical care in Nicaragua may be limited and that evacuation services, if needed, may be expensive.

### 5. TRAVEL, PASSPORT & INSURANCE RESPONSIBILITIES

☐ I understand that it is my responsibility to:

- Maintain valid travel documents and comply with all immigration requirements.
- Obtain appropriate travel and medical insurance.
- Follow all safety instructions provided by retreat staff.

### 6. PERSONAL PROPERTY

☐ I agree that the retreat organizers are not responsible for loss, theft, or damage to my personal belongings.

### 7. PHOTOGRAPHY & MEDIA RELEASE (OPTIONAL)

\_\_ I ☐ GIVE / ☐ DO NOT GIVE permission for the retreat organizers to use my image, voice, or likeness in photos or videos for promotional purposes without compensation.

#### 8. GOVERNING LAW

\_\_ I understand that this agreement shall be governed by and interpreted according to the laws of Nicaragua, as well as any applicable laws of the participant's home country.

#### 9. BINDING AGREEMENT

\_\_ I acknowledge that I have read, understood, and voluntarily agree to the terms of this Release & Waiver. This document is binding upon me, my heirs, executors, and assigns.

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PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

#### EMERGENCY CONTACT INFO:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_