



List any other allergies (explain):

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List Medical Conditions and/or Surgeries you have had: \_\_\_\_\_

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**PARTICIPANT CONSENT FORM**

In consideration for my participation on the MISSION TRIP TO San Jose, Costa Rica, I, the undersigned, covenant and agree with ENCUENTRO INC. not to commence or prosecute, and to hold harmless ENCUENTRO INC. in the event of commencement or prosecution of, any demand, claim, action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to property, personal/bodily injury, harm or illness including death that may come to me while engaged in the activities of the above named Event taking place on (Date, Include all travel days) June 27 - July 4, 2020 while participating or while on the property of ENCUENTRO INC. during any activity relating to this event. This waiver applies to any harm, injury or illness that is the result of negligence by any party or intentional acts of other participants or volunteers at the Event or that is the result of negligence by ENCUENTRO INC. or any of its agents, employees, assigns, volunteers or other representatives in any other manner. I understand that ENCUENTRO INC. does not assume any liability for such loss, damage, personal injury, harm, or illness.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



**Unaccompanied Minor Form**



To Whom It May Concern:

I give my permission for \_\_\_\_\_ to travel to San Jose, Costa Rica  
(minor, 17 years and under) (city, country)

in the company of Dana Young, 495245885 from June 27 - July 4, 2020.  
(adult's name) (adult's passport #) (start date – end date)

PARENT/LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

NOTARY \_\_\_\_\_

DATE \_\_\_\_\_

(SEAL)

**NOTE: Both (2) parents/guardians MUST sign this form for any international trips.**