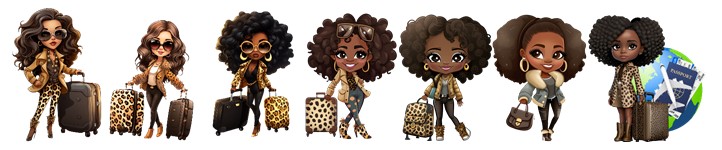
1. In consideration for receiving permission of Sistah Girls Luxury Tours and Travels, to participate in the travels to U.S. and International Destinations, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE (all activity's) , Sistah Girls Luxury Tours and Travels, The Board members, The Staff members, Their

Release of Liability & Assumption of All Risk



officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such travel activities, or while in, on or upon the U.S./International premises where the activity is being conducted. 2. I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity via air flights, increment weather, train tours, and other unforeseen circumstances may at any time be hazardous to me and my property. I VOLUNTARILY ASSUME FULL

RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be

sustained by me, or any loss or damage to property owned by me, because of being engaged in such a travel activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

1. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
2. I understand that Sistah Girls Luxury Tours and Travels does not maintain any medical or health insurance policies for group members other than the Personal Accident Insurance provided by the group member Agreement to obtain travel insurance, thereby, travel insurance covering any circumstances arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio, especially accident/medical coverages.
3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of myself, family friends’ participants, to include spouse as applicable, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I

hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of the State of whereby I currently reside, and the State where Sistah Girls Luxury Tours and Travels is thereby licensed.

1. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

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

PARTICIPANT:

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for Sistah Girls Luxury Tours and Travels to seek reasonable and necessary medical treatment for Participant during such event or associated activities and agrees to be responsible for any cost of such treatment. Attending guardian must be present.  Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attending Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature