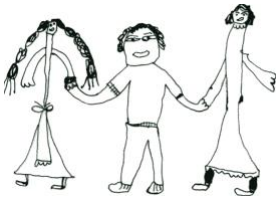

**Hilltop Children's Center**
**Building on the wonders of childhood**
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# AOTERAOA NEW ZEALAND EARLY CHILDHOOD STUDY TOUR

(Operated by the Inspire Charitable Trust, located in Auckland, New Zealand)

Participant Acknowledgment and Release

I, _____, have voluntarily elected to participate in the Aoteroa New Zealand Early Childhood Study Tour (the "Tour") to New Zealand and surrounding areas, from March 17 to March 24, 2019. The Tour is being operated by a third party, Inspire Charitable Trust, located in Auckland, New Zealand.

**Hilltop Children's Center ("Hilltop") has no control over, nor does it operate, any of the tour activities or aspects of travel. Hilltop is involved only as a United States based agent to facilitate registration for the Tour.**

Accordingly, I agree to forever release, acquit, and discharge Hilltop from any claims (and any that may be brought by my marital community, heirs or assigns) against Hilltop and its past and present trustees, officers, directors, faculty, employees, representatives, volunteers, chaperones, and agents (collectively the "Released Parties"), in both their individual and professional capacities for any and all personal injuries, damages, or losses relating to or arising out of the Tour. I further agree that I will not sue the Released Parties for money damages, personal injury, or property damage sustained by me on the Tour.

This Acknowledgment shall be governed by Washington law, and its provisions are intended to be as broad and inclusive as permitted by Washington law. In the event of any dispute regarding the terms of this agreement, venue shall be in King County, Washington. If any portion of this Acknowledgment is held invalid, the balance shall continue in full legal force and effect. This Acknowledgment is binding on the undersigned's heirs, successors, assigns, and representatives.

If I have any questions about the Tour, I will contact the event organizer, whose information is available in my registration packet.

| _____ | _____ | _____ |
|---|---|---|
| **Your Name** | **Your Signature** | **Date** |

ACCEPTED BY: _____, ON BEHALF OF HILLTOP