Liability Release Form

Travel Warning
United States Department of State
Bureau of Consular Affairs
Washington, DC 20520
Click here for the latest travel warning.

I, _____, have read and understand the information available at the State Department website above and have received Colombian security information from other sources so am aware of the risks involved in serving here in Colombia. I release El Camino Academy and any of its staff or volunteer workers from any responsibility before the law for any injury or damage that may be caused to me during my association with El Camino Academy.

_____ _____ _____
Signature City, Country Date

If applicant is over 18 years of age, please include the name, address and signature of a witness. If applicant is under 21 years of age, a parent or legal guardian must sign as a witness:

Witness **Parent** **Legal guardian** (circle one)

Name: _____

Phone: _____

_____ _____ _____
Witness' signature City, Country Date