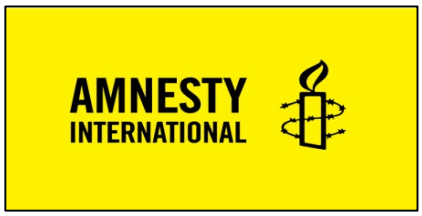

Amnesty International USA sponsors special enrichment events for youth leaders as a means of providing a comprehensive and diverse learning environment to further their understanding of and participation in human rights activism and leadership. Participants are expected to conduct themselves in a professional and positive manner. All participants are responsible for his/her own actions and should adhere to following guidelines and waiver.

Attached is a **required waiver** for all participants of the 2016 Annual General Meeting to be held in Miami, Florida from April 1, 2016, to April 3, 2016 so that you and your family can better understand and agree to the responsibilities of Amnesty staff, the organization, and participants at AIUSA events. This waiver is required of all minors planning to participate in the regional conferences and must be read and signed by the minor's legal guardian. (Amnesty International USA recognizes all persons under the age of 18 as a minor).

Please read the waiver carefully. If you have any questions or concerns contact registration@aiusa.org

Please sign the waiver and email a copy to registration@aiusa.org.

If you do not submit a signed waiver via email, you must bring the original signed waiver with you to the Annual General Meeting, you may hand the waiver in at the registration area.

All attendees who do not mail or bring the signed waiver will not be allowed to participate.

PLEASE READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

Amnesty International USA
2016 Annual General Meeting
April 1-3. 2016 at the Doubletree Hilton Hotel, Miami Airport & Convention Center 711 N.W. 72nd Ave., Miami, FL 33126.

EXPRESS ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT ("WAIVER AGREEMENT")

In consideration for the service of Amnesty International USA, its employees, directors, officers, agents, members and volunteers (collectively referred to herein as "AIUSA"), and in further consideration of allowing me to participate in the activities and to use the facilities described below, I, on behalf of myself and my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might attempt to sue on my behalf, agree as follows:

I understand and am aware that the Amnesty International Annual General meeting (referred to herein as "Activities") which will be held at Doubletree Hilton Hotel, Miami Airport & Convention Center 711 N.W. 72nd Ave., Miami, FL 33126 from April 1. 2016 to April 3, 2016, and participation in, accommodation at and/or transportation to and from such Activities are, in whole or in part, potentially **HAZARDOUS ACTIVITIES** involving **INHERENT AND OTHER RISKS** of injury to any and all parts of the body have made a voluntary choice for myself to **ACCEPT AND ASSUME ALL RISKS OF INJURY, ILLNESS, LOSS (economic and non-economic), DAMAGE OR DEATH** that might be associated with or result from the Activities.

To the fullest extent allowed by law, I agree to **RELEASE FROM LIABILITY**, and to **DEFEND, INDEMNIFY AND HOLD HARMLESS AIUSA from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind in law, equity, or otherwise, known or unknown, suspected or unsuspected, disclosed or undisclosed, for damages, losses, liabilities, costs and expenses, actual or consequential, past, present and future, for death, personal injury or property damage,** including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, that are in any way connected with the Activities, even if caused by **NEGLIGENCE**. I further **AGREE NOT TO MAKE A CLAIM, COMMENCE ARBITRATION OR SUE FOR INJURIES, ILLNESS, LOSS (economic and non-economic), DAMAGE OR DEATH RELATING TO THE ACTIVITIES**, or which may arise out of, result from, or relate to my participation in, accommodation at, or my traveling to or from the Activities, including but not limited to any claims for theft, damage to any property, negligence, partial or permanent disability, claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the Activities site or elsewhere), and any claims for medical or hospital expenses, even if caused by **NEGLIGENCE**. I understand AIUSA is not responsible for any personal property lost or stolen while I or others are participating in the Activities.

I further understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law. If one or more provisions of this Release are held to be unenforceable under applicable law, such provision shall be excluded from this Release and the balance of this Release shall be interpreted as if such provision were so excluded and shall be enforceable in accordance with its terms.

I agree (i) that no representations, statement, promise or inducement has been offered in connection herewith; (ii) that this Waiver Agreement is executed without reliance upon any statement or representation by AIUSA or its respective representatives, concerning the nature and extent of damages, if any, and of legal liability therefor, if any; (iii) that, unless the Parent or Guardian Waiver set forth below has been fully executed, Participant is of legal age, legally competent and authorized to execute this Waiver Agreement; and (iv) that I accept full responsibility therefor.

AUTHORIZATION FOR FIRST AID AND MEDICAL TREATMENT

I recognize that medical or dental care may be necessary for myself during the course of the Activities. I **AUTHORIZE AIUSA AND COORDINATORS OF THE ACTIVITIES TO RENDER FIRST AID OR EMERGENCY CARE**. In addition, I authorize AIUSA to call for medical or dental care for myself if, in the opinion of AIUSA, medical or dental care is needed. **I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION**. In addition, I hereby authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed to practice in the Commonwealth of California and the staff of any accredited acute general hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his or her best judgment may deem advisable. It is understood, my medical condition allowing, that effort shall be made to consult me prior to rendering of treatment, but that any of the above treatment will not be withheld if I am incapacitated or not physically capable of giving consent.

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS WAIVER AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE THIS WAIVER AGREEMENT AS NECESSARY. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS OF THIS WAIVER AGREEMENT AND VOLUNTARILY SIGNED THIS AGREEMENT AND THAT I AM RELEASING SIGNIFICANT LEGAL RIGHTS BY SIGNING IT.

_____

NAME OF PARTICIPANT

_____

SIGNATURE OF PARTICIPANT DATE

For persons under 18 years of age, a parent or legal guardian must sign the above WAIVER AGREEMENT and complete the following section.

PARENT OR GUARDIAN WAIVER

1. The undersigned _____ is the parent or legal guardian of _____ (minor's name) and hereby acknowledges that he/she has executed the foregoing Waiver Agreement for and on behalf of the minor named herein. As the parent or legal guardian of such minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Waiver Agreement. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify, defend and hold harmless the persons or entities mentioned in the foregoing Waiver Agreement for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity and authorization for medical treatment.

2. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by the minor arising out of or relating to the Activities. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of the minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

Printed Name(s) of Parent(s) or Guardian(s)_____

Address of Parent(s) or Guardian(s)

_____

_____

Parent or Guardian Phone Number (Day)_____

Parent or Guardian Phone Number (Evening)_____

Parent or Guardian Phone Number (Cell/Mobile)_____

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

1. Name: _____Birthdate: _____

Address:_____

Phone (home): _____ Phone (cell/mobile): _____ Sex: M F

2. Allergies to drugs, foods, insect bites, bee stings etc.:

_____

_____

_____

_____

_____

3. List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during the Activities:

_____

_____

_____

_____

_____

4. List all medical conditions of which the Activities coordinators should be aware or which may affect the participant's ability to participate in any aspect of the Activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment):

_____

_____

_____

_____

_____

_____

Family Physician

Name:_____

Address:_____

Phone (office): _____ Phone (mobile/call service): _____

Insurance Company:_____

Policy Number:_____

Emergency Contacts
List the persons we should call in case of an emergency. We will try to contact them in the order that they are listed below.

1. _____
Full Name Relationship

_____Daytime Phone

_____Evening Phone

_____Mobile/Cell Phon

2. _____
Full Name Relationship

_____Daytime Phone

_____Evening Phone

_____Mobile/Cell Phone

3. _____
Full Name Relationship

_____Daytime Phone

_____Evening Phone

_____Mobile/Cell Phone