

YetAkin or EKO'24 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. I _____ hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE (EKO '24) (YetAkin) , Yetunde J. Awopetu, Their 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 activity **(EKO'24 or Yetakin** while in, in route to on or upon the premises where the activity is being conducted.

2. 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.

3. I _____ understand that the EKO'24 or YetAkin does not maintain any medical or health insurance policies for anyone attending the trip. As such, I am aware that I should purchase my own policies to cover in case of mishap and review my personal insurance portfolio, especially accident/medical coverages.

4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, 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 United States.

5. 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.

Group Leader Signature _____ DATE

Print Name _____

Participant Signature _____ DATE

EMERGENCY CONTACT AND MEDICAL INFORMATION FORM

Please clearly PRINT all information.

Name of Trip: **EKO 2024**

Participant Name:

Full Address and Zip Code:

Date of Birth

Cell Phone: (___) ___ -

Email Address:

IN CASE OF EMERGENCY, please indicate who should be contacted and their relationship to you (include day and evening telephone numbers):

1) Contact Name:

Cell Phone: (___) ___ -

Relationship:

2) Contact Name:

Cell Phone: (___) ___ -

Relationship:

It is mandatory that all participants have or obtain medical travel insurance to take part in the 2024 EKO'24 Trip

Insurance Provider: _____ Policy Number:

Doctor's Name: _____ Office Phone: (____) ____ -

Medical History&Information

- (1) Do you have any medical needs or health conditions that we should be aware of?
- (2) Do you have any allergies (medicine, food, animals, plants, molds, etc.)?
- (3) Are you currently taking any medications? If so, what is the dose/frequency and for what condition?
- (4) Do you have any dietary needs? Are you a vegan/vegetarian(please be specific)?
- (5) Do you have any past experience in this activity?If so, please detail.

PLEASE NOTE:

The EKO'24 or Yetakin team will not be responsible for any medical costs incurred as a result of injuries on this trip. If you do not provide your insurance information, you will be required to fill out a "no insurance waiver form" to participate on this trip.

Please initial and date this page to indicate your agreement

Initial:

Date:

**EMERGENCY CONTACT INFORMATION AND MEDICAL INFORMATION
FORM (page 2)**

Permission to Receive First Aid and To Secure Medical Help

I have completed this form with information that is accurate, complete, and true to the best of my knowledge. I agree to notify **EKO '24** of any changes to my health and fitness, which may occur before, or during the program. Should I become ill or injured, I give permission to **EKO'24 or Yetakin Travel Tours** to render first aid seek emergency medical or rescue services, **and enter my hotel room to check on my wellness** as they deem fit and at my cost.

Verification of Health Insurance & **Acknowledgment** of Release

I represent and warrant that I have appropriate medical, health and personal injury insurance. As such, is relying on my representations and warranties, and neither **EKO'24 or Yetakin Travel Tours** will be liable or required to provide me with insurance coverage. I am further aware that any medical, health and/ or personal injury costs resulting from or relating to the activities undertaken pursuant to this Program will be my sole responsibility.

Indemnification

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS YETAKIN Travels, ITS AFFILIATES (INCLUDING CENTERS, LLC), PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, DIRECTORS, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (“RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, SUITS, LOSS, LIABILITY, JUDGMENTS, COSTS AND EXPENSES (“CLAIMS”) ARISING FROM ANY FIRST AID OR EMERGENCY

MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY BEHALF.

By signing below, I am indicating that I have read, understood and agree with all of the terms of the "EMERGENCY AND MEDICAL CONTACT INFORMATION

Signature of Participant — — — — —

Date _____

On this trip, photography, audio, and video recording may occur. By attending, you consent to photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by EKO'24 and its affiliates and representatives. Images, photos and/or videos may be used to promote similar EKO'24 events in the future, highlight the event and exhibit the capabilities of the EKO'24. You release EKO'24, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or or sound recordings. By booking you grant EKO'24 and its authorized representatives and employees the right to use photographs and video testimony given by me during trips and event bookings.

By entering the event premises, or booking hosted trips you waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, web casting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by EKO'24 the person or entity designated to do so by EKO'24. I authorize EKO'24 Inc. its and transferee to copyright, use and publish the same in print and/or electronically. I understand that the video and photography taken will be made available Online as well as print where available for such purposes as publicity, illustration, advertising, and Web content. I understand that EKO'24 will not disclose my name Online or in printed media without additional expressed written consent from me.

You will receive a copy of all officials photos taking during the trip by signing this policy

By signing agreement , you represent that you have read the terms of this agreement in their entirety,

Signature:_____ Date:_____

