



University of the Supernatural Ministry

13800 SW 144 Ave., Miami, Florida 33186
Telephone: (305) 398-7969 Fax: (305) 233-2101
E-mail: university@kingjesusministry.org
Web Page: university.kingjesusministry.org

AGREEMENT TO RELEASE AND INDEMNIFY

LEGAL NAME(S): _____

RE: University of the Supernatural Ministry's Internship program/Supernatural Immersive Experience

Each registrant named on this form requests to participate in the internship program listed thereon. Therefore, to the extent permitted by applicable law, each registrant knowingly and voluntarily waives, releases, saves, holds harmless and indemnifies MinisterioInternacional El Rey Jesus and Apostle Guillermo Maldonado, their agents, servants, employees, shareholders, officers, directors, attorneys and contractors, past, present and future, and their respective heirs, legal and personal representatives, successor and assigns (collectively "Released Parties"), and all of their respective properties, assets and interests ("Released Property") from any and all claims, actions, causes of action, demands, rights, damages, costs, losses, liabilities, expenses, compensation, controversies, disputes, obligations, debts, dues and liens whatsoever, on account of, or in any way arising out of, any and all known and unknown, foreseen or unforeseen loss of life or personal injury, loss or damage to property, and the consequence thereof, directly or indirectly, resulting from, incident to, in connection with, or arising out of registrant's participation in the internship (collectively, "Claims"). It is my/our intention that this agreement to release and indemnify shall apply to all of the claims without limit and, to the fullest extent permitted by applicable law, regardless of whether founded, in whole or in part, on any negligent act or omission of any of the released parties.

I/we understand and agree that MinisterioInternacional El Rey Jesus and/or Apostle Guillermo Maldonado have no liability for my personal medical expenses and/or medical care. I/we certify that I/we am/are in good health and physical condition and do not have any physical disability, medical condition or other limiting factor that would create a hazardous situation for myself/us or other interns.

I have read, understand, and accept the cancellation and refund policies and terms and conditions as described in the itinerary and/or accompanying documents. I/we have read and understand this Agreement to Release and Indemnify, which contains the entire and final agreement relating to the subject matter hereof. Its terms shall be binding on me/us and on my/our heirs, legal representatives and assigns. Liability under this Agreement to Release and Indemnify shall be joint and several. If any provision of this Agreement to Release and Indemnify is determined to be void, unenforceable, ineffective or against public policy, that provision shall be disregarded and deemed removed from this Agreement to Release and Indemnify, and shall not affect the remaining provisions of this Agreement to Release and Indemnify.

This Agreement to Release and Indemnify shall be governed by and construed under the laws of the state of Florida. Venue for enforcement of this Release and Indemnity Agreement shall be in Miami-Dade County, Florida.



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The request for registration is made subject to the terms and conditions of the Agreement to Release and Indemnify included in this document. Please read this entire document carefully. All registrants must sign this release. Registration cannot be confirmed until your payment is received and this agreement is signed. Registration and/or attendance imply agreement with the terms and conditions of the Agreement to Release and Indemnify included in this document.

I have read, understand, and agree to all of the terms and conditions of the Agreement to Release and Indemnify included in this document.

Registrant 1

Signature: _____ Date: _____

Print Name: _____

Registrant 2 (if applicable)

Signature: _____ Date: _____

Print Name: _____