**MISSION OF HOPE, HAITI – DISASTER RELIEF EFFORTS**

MEDICAL RELEASE OF LIABILITY &

RELEASE TO OBTAIN MEDICAL CARE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am participating in a disaster relief mission trip to Mission of Hope, Haiti \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ and I hereby release and discharge Mission of Hope, Haiti and all partnering organizations, agents and employees, as well as local host ministry/organizations from any claims for personal injuries or property damage that I may suffer as a result of my participation in the mission trip, whether or not such injuries or damage are caused by the negligence (active or passive), or any of the entities or individuals mentioned above. I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Mission of Hope, Haiti or their designated partners on this disaster relief trip.

If I should need medical care during the mission trip, for any reason, I agree to be responsible for taking care of all costs incurred for medical treatment, medications and supplies in Haiti and all transportation expenses home if that becomes necessary.

* I affirm that I have no known physical or mental condition that would impair my capability for full participation as intended or expected of me and affirm that I am in good physical shape.
* I affirm that I understand that serving in a relief area means there are many unknown conditions and potentially changing situations, including but not limited to specific details on housing, transportation and security measures in place.
* I affirm that I understand there is a risk of illness or infection from working in a relief area.
* I affirm that I have no known allergies, food or otherwise, that might require medical attention while in Haiti.
* I agree to abide by the rules and regulations governing a mission trip and to obey any instructions given by the team leader and Mission of Hope staff members.
* I agree to have all recommended immunizations and antimalarial medication. If I choose to not comply and as a result become ill, I assume full responsibility.
* I authorize the leadership Mission of Hope, Haiti staff to make decisions on my behalf with respect to medical treatment, emergency surgery or hospitalization, should it become necessary.
* I affirm that I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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