



RELEASE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ (other) _____ Email Address: _____

Emergency Contact: *PLEASE FILL OUT THE ENTIRE FORM*

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

LIABILITY & MEDICAL RELEASE FORM

The Participant desires to participate in a short-term humanitarian mission trip (herein referred to as the "Mission Trip") with Hearts, Hands & Smiles Foundation, Inc., a Pennsylvania nonprofit corporation, which is providing assistance in arranging this mission. In consideration for being permitted to participate in the Mission Trip, the Undersigned acknowledge and agree to the following:

1. The Participant, of his or her own free will, agrees to participate in the Mission Trip.
2. The Undersigned understand and agree that international travel and missions involve inherent risks, hazards and dangers, including but not limited to foreign, political, social and economic conditions which are different than the United States and which can change in an unpredictable manner, differing standards of design, safety and maintenance of buildings, public spaces and transportation, varying quality of available medical treatment and differing health, safety, legal, cultural and religious beliefs and conditions, poor and/or inadequate water and sanitation, the hazards of traveling by air, train, automobile or other conveyance, the possibility of accident or illness in remote places, the exposure to acts of terrorism, civil unrest, war or forces of nature, and/or the exposure to pathogens and disease—all of which could cause serious personal injury or loss of life to Participant and/or loss of or damage to property. The Undersigned agree to assume all risk for any such personal injury, loss of life to Participant or property loss or damage.
3. The Undersigned understand that Hearts, Hands & Smiles Foundation, Inc. is not responsible for any medical expenses anywhere in the foreign country being visited and is not responsible for any medical expenses Participant may incur while participating in the Mission Trip.



4. Hearts, Hands & Smiles Foundation, Inc. may take any action it considers to be warranted under the circumstances regarding Participant's health and safety. The Undersigned agree to release Hearts, Hands & Smiles Foundation from any liability in connection with such action. The Undersigned further understand that Hearts, Hands & Smiles Foundation, Inc. does not provide the Participant with any insurance, whether health, accident, or otherwise, in connection with this activity, and the Undersigned state that the Participant is covered by an accident and health insurance policy which would provide insurance coverage for medical treatment outside the United States, medical evacuation, and repatriation.

5. The Undersigned understand and agree Hearts, Hands & Smiles Foundation, Inc. does not represent or serve as agent for and cannot control the acts or omissions of transportation carriers, hotels and other suppliers of goods and/or services in connection with the Mission Trip. The Undersigned agree that Hearts, Hands & Smiles Foundation, Inc. is not responsible for any personal injury to or loss of life of the Participant or loss or damage to the Participant's property that may be caused or contributed to by the act or omission of any suppliers of goods and/or services in connection with the Mission Trip.

6. The Undersigned agree that the Participant bears the sole responsibility for any and all travel expenses which he/she incurs in the event Hearts, Hands & Smiles Foundation, Inc. finds it necessary to send the Participant home prior to the scheduled departure date, whether for health or physical limitations or inappropriate or immoral behavior, and whether required during the Undersigned's participation in the Mission Trip or not. The Undersigned agree that Hearts, Hands & Smiles Foundation is not responsible for any injury Participant may suffer while traveling independently before or after the Program or during free time.

For and in consideration of Hearts, Hands & Smiles Foundation, Inc. assisting me in the Mission Trip, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Participant for himself/herself and his/her personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasors") hereby irrevocably and unconditionally releases, waives, acquits, covenants not to sue and forever discharges Hearts, Hands & Smiles Foundation, Inc. and its affiliates, subsidiaries, divisions, members, trustees, officers, agents and employees (herein the "Releasees") of any and from all claims, demands, rights and/or causes of action of whatever kind or nature now or hereafter existing whether known or unknown, including but not limited to all liability to the Releasors on account of foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from Participant's participation in, or in anyway connected with Releasees, whether caused by or related in any way to the negligence of Releasees or otherwise.

The Participant acknowledges that he or she has read this document and has had the opportunity to ask questions concerning this document before signing, that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the Participant, and that he or she voluntarily signs the same, thereby agreeing to be bound by all of the above.

PARTICIPANT:

Signature: _____ Date: _____

Printed Name: _____ Date: _____

WITNESS: Signature:

Signature: _____ Date: _____

Printed Name: _____ Date: _____

IMPORTANT: This is a binding legal document; please read and understand this document before signing it.