



## ***MEDICAL RELEASE, PHOTO RELEASE and LIABILITY WAIVER***

Voluntary - My participation in the activities and work of Medicos en Accion is strictly voluntary. Some of the work is strenuous and I state that I am in good health and able to participate in the work and activities assigned to me. I will fully disclose any physical limitations I may have that would prevent me from participating fully in the work. I acknowledge that immunizations and health clearance is my sole responsibility and as a member of Medicos en Accion will take any and all recommended precautions to protect my health.

Assumption of Risk - I hereby acknowledge that I know and fully understand that travelling and working in a developing country such as Guatemala, involves possible risks and dangers, including but not limited to: health problems (malaria, hepatitis, cholera, typhoid fever, dysentery, dengue fever, parasites, AIDS), robberies, kidnapping, vehicular accidents, volcanic eruptions, earthquakes, armed insurrections all of which may result in (a) personal ill health, (b) loss of personal property and (c) serious bodily injury including death. I realize that my participation in any of these activities is strictly voluntary and that I assume the risks associated with these activities. **If death should occur while volunteering in Guatemala with Medicos en Accion, my family and or estate will take full responsibility for all costs involved.**

Waiver - I release the sponsors, organizers, volunteers, their affiliates, directors, officers, trustees, representatives, or agents from all actions or claims of any kind that relate to my participation in the activities of Medicos en Accion. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assignees.

Hold Harmless - I hold the sponsors, organizers, volunteers, and sponsoring institutions and all leaders and directors harmless and indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the activities of Medicos en Accion.

Medical Treatment - If I am injured during my time with Medicos en Accion, the organizers or volunteers may render medical services to me or request that others provide such services. By taking such action, the organizers and volunteers are not admitting any liability to provide or to continue to provide any such services and that such action is not a waiver by the organizers or volunteers of any rights under this release and waiver. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs. If I am injured while working with Medicos en Accion, it is my responsibility to seek appropriate medical care and to notify the group executive. I agree to take full responsibilities for obtaining my own travel medical insurance including medical evacuation insurance and that the financial responsibility for obtaining this is my own.

Illegal Activities - I agree to abide by all the laws of the host country and I agree to abstain from any and all illegal activities while working with Medicos en Accion including the use, sale, import or export of illegal substances. The Undersigned acknowledges and understands that should the Participant have or develop legal problems with any foreign nationals or with any government while participating with Medicos en Accion they will attend to the matter personally with the Participant's own personal funds. Medicos en Accion is not responsible for providing any assistance under such circumstances.

Pictures - I agree that any pictures or videos taken of me or my children/dependents during a Medicos en Accion mission can be used by Medicos en Accion for future promotional campaigns and on the web site.

MY SIGNATURE CERTIFIES THAT I HAVE READ THE ABOVE STATEMENT OF RESPONSIBILITY AND I UNDERSTAND AND AGREE TO THE CONDITIONS THEREOF. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

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

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_ Group Name: Medicos-en-Accion Guatemala

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**In Case of Emergency**

Emergency Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact's phone number: \_\_\_\_\_

Emergency contact email: \_\_\_\_\_

**Medicos en Accion Charitable Tax #869569418**