

**HOUSTON METHODIST MEDICAL MISSIONS ACKNOWLEDGEMENT, CONSENTS, AGREEMENT AND RELEASE FROM LIABILITY (COLLECTIVELY, "THE RELEASE")**

I, \_\_\_\_\_ ("Releasor"), hereby acknowledge that I have voluntarily applied to participate in Medical Missions to participate in a not-for-profit medical mission to \_\_\_\_\_ as a \_\_\_\_\_ with \_\_\_\_\_, the organization leading and sponsoring the medical mission.

This trip is currently scheduled to commence on \_\_\_\_\_ (Date).

I have reviewed all information regarding \_\_\_\_\_.

I wish to participate in the trip and request that Medical Missions assist me through a scholarship, supplies and/or pharmaceuticals.

I am aware that travel to, within, and among developing countries can often be hazardous. I am voluntarily participating in these activities with full knowledge of the potential dangers involved. I hereby agree to accept any and all risks of delay, injury, death, and all other hazards of the mission. In the event Medical Missions provide partial or full funding for supplies and/or pharmaceuticals for medical mission purposes, I take full responsibility for such items, including their ultimate distribution and use.

Occasionally, missions have been canceled due to various circumstances. In the event of such an occurrence, Medical Missions and its volunteers will adhere to the following policy:

In the unfortunate event of a cancellation, Medical Missions will not be responsible to give the scholarship, supplies and/or pharmaceuticals or assume any liability for any expense incurred by any participant including out-of-pocket costs and expenses, lost income, vacation time or any other direct or indirect cost, loss, expense or damage incurred by the participant, chapters or its affiliated organizations.

As consideration for a scholarship which helps me to participate in the trip or mission described above and use of its facilities and resources, I hereby agree that I, my assignees, spouse, children, successors, heirs, and legal representatives will not make a claim against or sue Medical Mission or any of its affiliated organizations or its or their officers, directors, employees, agents or volunteers for death or injury or damage to person(s) or property resulting from any negligent or other acts of third parties or of any employee, agent, volunteer or contractor of Medical Mission or any of its affiliates as a result of my participation in the subject trip or any other medical mission trip. I hereby release Medical Mission, its affiliates and its and their officers, directors, employees, agents, and volunteers from all actions, claims or demands that I, my assignees, spouse, children, successors, heirs, and legal representatives now have or may hereafter have for death or injury or damage to person(s) or property resulting from my participation in the subject trip or any other medical mission trip. I agree to indemnify and hold harmless Medical Mission and the others whom I release herein from and against any claims, including legal defense or other direct or indirect costs or expenses, asserted by my spouse or any other person.

If any provision of this Release is, becomes or is deemed invalid, illegal or unenforceable in any jurisdiction under applicable laws, such provision shall be deemed amended to conform to applicable laws so as to be valid and enforceable thereunder, but if it cannot be so amended without materially

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altering the intention of the parties, it shall be stricken and the remainder of this Release shall remain in full force and effect. Medical Missions is headquartered in Texas.

This Release shall be governed by the laws of the State of Texas (exclusive of any conflicts of laws that would result in application of foreign law) and venue shall lie exclusively in federal or state courts located in Harris County, Texas.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Medical Missions and/or its agents, affiliates, officers, directors, employees, and volunteers, and I sign it of my own free will.

Executed at \_\_\_\_\_ on \_\_\_\_\_. (month/day) (year)

RELEASOR

\_\_\_\_\_ Signature

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