

MEDICAL RELIEF INTERNATIONAL
12316 134th Ct NE, Redmond WA 98052

Individual Liability and Health Release Form

Passport Name: _____ Phone: ____/____/____

Address: _____ City, State, Zip _____

Date of Birth: ____/____/____ Male: Female:

Participant does not have any limitations in physical activities, will not be under medication during the retreat, has no allergies to any medications nor relevant medical information which may be necessary for staff to be aware of, except:
(List in detail any exceptions)

_____.

In case of emergency, please notify _____.

I know that travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot; travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and other possibilities are risks in ministry/mission travel.

In signing this form, I hereby certify that this information is correct. In case of medical emergency, I understand that every effort will be made to contact the person named above. In the event that person cannot be reached, I hereby give permission to notify a physician and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the individual named above. In consideration thereof, I agree to hold harmless MRI and/or its agents or representatives from any and all claims for expenses incurred, if any. I hereby authorize and permit MRI to furnish any necessary transportation, food and lodging. Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all costs.

I further hereby release and hold MRI, their agents and assigns, harmless from any injury or loss Participant may suffer arising out of his/her involvement with said organization, except for negligent acts which would have been prevented if prior actual knowledge and reasonable opportunity had existed wherein the negligence would have been avoided by MRI. Except for that limited scenario, I take complete responsibility for my own acts.

I state that the information that I have provided in this form is true and correct to the best of my knowledge, and that I have not made any false statements herein. I understand that MRI, is a non-profit organization and that the services provided are not for monetary gain.

Signed this ____ Day of _____, 20____

Signature of Participant