

Waiver & Release of Liability, Way To Health

I plan to voluntarily participate in mission trip to Haiti and the planned activities (the "Activities") and understand the activities during this trip may vary. I recognize my participation in the trip and the activities may be dangerous. I understand the risks and dangers include the risk for serious bodily injury, sickness and disease, paralysis, loss of life, loss of or damage to property, exposure to extreme conditions; accident, contact or collision, dangers arising from adverse weather condition, dangers arising from adverse political situations; situations beyond the immediate control of Way To Health; and other undefined risks and dangers which may not be readily foreseeable (the "Risks"). I understand that these Risks may be caused by my own actions or inactions, the actions or inactions of others, of the actions, inactions, or negligence of Way To Health or its Board of Directors, agents, representatives, officers, directors, employees, partners, or volunteers (the "Released Parties"). In consideration of my voluntary participation in the Activities, I expressly assume all Risks and responsibility for any damage, liability, loss, or expense which I incur as a result of my participation in the Activities. I expressly assume all Risks and responsibility for any damage, liability, loss, or expense which I incur as a result of my participation in the Activities. In further consideration of my voluntary participation in the Activities, I release, waive and covenant not to sue, and agree to indemnify and hold harmless, the Released Parties with respect to any liability, claim, demand, cause of action, damage, or expense, including court costs and reasonable attorney's fees, of any kind or nature ("Liability") which may arise out of results from, or relate to my participation in the Activities, including claims for Liability, in whole or in part, by the ordinary negligence of the Released Parties. Nothing in this agreement, purports to or intends to waive Liability for damage, injuries, or death resulting from conduct that constitute greater than ordinary negligence.

Team Members Under the Age of 18

I, as the parent/legal guardian, approve and authorize the above team member's participation in this Way To Health mission trip. I hereby agree to the terms set forth in the Waiver and Release of Liability agreement above on behalf of the minor team member.

Minor's Name and Age:

Consent for Treatment

I, as the team member, in case of medical incapacity, do hereby authorize and give consent to Way To Health, the "Agent" to make any and all medical decision on my behalf, including but not limited to, and x-ray examination, anesthesia, medical or surgical treatment or treatment and hospital care or service, which is deemed advisable by and is rendered under the general or specific supervision of any licensed physician or surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any/all diagnosis, treatment, or hospital care which the above-mentioned physician, in the exercise of his/her best judgement, may deem advisable. I hereby waive and release the Agent and/or any representative of the Agent from damage, liability, claims, or causes of action arising from or relating to decisions made, consents granted, or authorizations made by the Agent pursuant to the Consent of Treatment.

Current Diagnoses (list):

Current Medications (list):

Allergies:

Photographic Release

I consent to the unrestricted use in any form of any photographs, interviews, film, videotapes, other visual or auditory recordings, in any other medium, including the Internet, of me that the Released Parties or others may create in connection with my participation in the Way To Health programs. I waive any right to inspect or approve the finished product and acknowledge that I am not entitled to any compensation for creation or use of the finished product.

Signature, printed name & date:

Emergency contact name and contact phone number: