



RELEASE OF LIABILITY

The following agreement confirms your participation as a volunteer with My Little Patient Corporation and reflects your working relationship as a volunteer or participant on a trip.

I, _____, acknowledge and state the following: (print name)

Initial the following statements

_____ I have chosen to participate with My Little Patient on a trip and to be involved with these organizations with their mission to improve the health and wellness of people in underserved communities by providing access to wellness and healthcare.

_____ I understand that this trip entails a risk of physical injury or death and may involve extreme climates, adverse working conditions, hard physical labor, exposure to dangerous areas of the world, disasters and exposure to various diseases and potentially life threatening illnesses such as HIV or other illnesses that could be terminal. I certify that I am in good health physically and able to perform this type of work.

_____ I understand that I am engaging in this trip at my own risk. I assume all risk and responsibility for any damage, illness, or injury to my property or any personal injury, illness or death that may result from my involvement in this project, including but not limited to contagious health conditions, transportation of the team including plane or ground transportation accidents and related medical costs and expenses.

_____ I understand that I am engaging in this trip at my own health risk and that any conditions that I may contract as a result of my involvement I assume personal responsibility for. I understand that these conditions and illness can be contagious to others. I assume all risk and responsibility for any damage, illness, or injury to my property or any personal injury, illness or death that may result from my involvement in this. I assume all risk and responsibility for any damage, illness, or injury to all other people that may contract an illness, injury or have damage as a result to my involvement in this project.

_____ I understand that My Little Patient is not responsible or liable for my personal effects and property and that they will not provide lock up or security for myself or any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand these organizations are not responsible for effects on my health or results from injury or medical consequences of any type, source or cause.

_____ I understand that I am to abide by whatever rules and regulations put in place by My Little Patient during any course of the trip or during clinic. I further understand that My Little Patient has set regulations, standards of conduct and principles for which I will abide on this trip and during clinic. I will adhere to all of these limitations.

_____ I understand that there are risks involved in transportation. Motorized transportation units are involved in severe accidents everyday in the communities that can cause severe injury or death. I assume all risk and responsibility for any damage, illness or injury to my property or any personal injury to myself including death as a result to be transport for this project. Transportation methods may include plane, boat, bus, van, shuttle, care, train, walking or otherwise moving from one location to another.

_____ I authorize the team leader, on behalf of the aforementioned organizations to seek the necessary medical care or treatment should any experience occur resulting in illness, injury or accident. In accordance with any of the activities associated herein, I will hold all members, volunteers, employees and My Little Patient harmless for any event or action related to my person and state.

_____ By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold My Little Patient together with their officers, board members, agents, servants, volunteers, representatives and employees, harmless from any and all causes of action arising from my participation in this project, and any travel or lodging, tour or clinic related activities associated therewith.

Print Name:

Signature:

Date: