

MedReach, Inc.

Acknowledgment and Release

(Please Print Legibly)

I _____ (name) do hereby consent to participate in a trip from Mobile, Alabama to _____ (location of trip) and return, which has been arranged by MedReach, Inc. an Alabama non-profit corporation. In consideration of MedReach, Inc. making arrangements for this trip I hereby agree as follows:

A. I am responsible for my own immunizations. I understand lists of required and recommended immunizations for the country I visit are issued, *updated*, and maintained by the International Mission Board of the Southern Baptist Convention, the United States Government; and immunizations are administered by my local County Health Department, private physicians, and others. I acknowledge that I have a specific health history and needs and will review the referenced lists of required and recommended immunizations and sources, with my independent health professional, if necessary, to determine immunizations and sources that are required for my particular situation; and will be responsible to obtain necessary immunizations.

B. In the event that I require medical and/or dental treatment while on the mission project or traveling to or from the project, I hereby consent and give my permission to the mission leader to consent to any X-ray; injections; anesthesia; medical, dental or surgical diagnosis and treatment advised and supervised by a physician; surgeon or dentist licensed to practice under the laws of the nation and state where the services are rendered, either as an outpatient or in any hospital.

C. I hereby release MedReach, Inc. or if applicable, the Church (which term shall also include its Pastors, Trustees, employees, agents, and shall also include all members of the Church as well as any other entity which might be affiliated with the Church) from any and all responsibility or liabilities in the event of illness, injury or death during the period of travel from the time of departure to the time of return or from the result of any event during the period of travel, not the direct and proximate result of the willful and wanton negligence of MedReach, Inc., or if applicable, the Church or its Pastors, Trustees, employees agents, or members on account of any such illness, injury or death.

D. I agree to indemnify and hold harmless MedReach, Inc., or if applicable, the Church, its Pastors, Trustees, employees, agents, and members from and against any claim or liabilities, including the cost of defense, asserted on my behalf or on behalf of any third party, of any nature whatsoever and whether in tort or contract, or otherwise.

E. I hereby acknowledge that MedReach, Inc., or, if applicable, the Church is acting solely in the context of facilitating travel arrangements, orientation and providing indirect logistical support for this trip and should in no way be deemed to be liable for any loss or damage resulting from changes in the itinerary of said trip, that is not the result of the willful and wanton negligence MedReach, Inc., or, if applicable, of the Church.

Participants .Signature
Parent or Guardian Sign if Minor

_____/_____/_____
Date

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____. On _____, 20____ before me, _____, Notary Public in and for said county, personally appeared _____ who has satisfactorily identified him/herself as the signer to the above referenced document.

My commission expires _____

Notary Public

MUST BE NOTARIZED

