



ACKNOWLEDGMENT AND RELEASE
PLEASE READ CAREFULLY BEFORE SIGNING!

The undersigned Applicant desires to participate in the Somos Amigos Medical Missions volunteer clinic program ("Program") from _____ until _____ in the Dominican Republic. Applicant signs this document in consideration of his/her desire and request to participate in the Program. *(please enter dates of trip in spaces)*

Applicant acknowledges that certain risks are inherent in participating in the Program. These include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of travel, negligent acts or omissions of Applicant or others (Somos Amigos Medical Missions and its agents, directors, officers, and/or participants), acts of terrorism, civil disturbances or disorders, etc.

Applicant hereby releases, waives and forever discharges Somos Amigos Medical Missions and each of its affiliates, successors, directors, officers, employees, agents, and representatives ("Released Parties") from any liability for any personal injury or illness, death, property damage, and property loss or theft, arising out of any accident, negligent acts or omissions of Applicant or of others (including Released Parties), acts of terrorism, civil disturbances or disorders, or any other occurrences, occurring while Applicant is in or traveling to or from the Dominican Republic. Applicant further covenants not to sue any of Released Parties as a result of any such occurrence.

Applicant expressly and voluntarily assumes all of the risks of participating in the Program, including but not limited to the risks of travel, accidents, theft, personal injury, death, and disease, resulting from any causes whatsoever, including but not limited to risks resulting from the negligence of Applicant, of other participants, of third parties, and/or Released Parties and any of them.

Applicant agrees to be responsible at all times for his/her own safety and security, and the safety and security of his/her property, while in and traveling to and from the Dominican Republic. Therefore, Applicant agrees to do at all times whatever he/she deems necessary to satisfy himself/herself regarding his/her safety and to determine the risks presented by participation (or further participation) in the Program and all activities attendant or incidental to such participation. Applicant agrees to immediately report any conditions or situations he/she deems unsafe or dangerous, and to cease his/her participation in the Program until satisfied such danger has been eliminated.

Applicant agrees to indemnify and hold harmless Released Parties and each of them from any loss or liability asserted or arising from or as a result of (1) any claims made against any of Released Parties by others as a result of acts or omissions of Applicant while in (or traveling to or from) the Dominican Republic; and (2) any claims made by Applicant against any of the Released Parties (including claims alleging negligence on the part of Released Parties of any of them) as a result of acts or omissions occurring while the undersigned is in (or traveling to or from) the Dominican Republic, or as a result of acts or omissions occurring in connection with the planning, execution, sponsorship or support of the Program or Applicant's participation therein.

Please be sure to provide emergency contact information on the reverse of this page.

Signature

Printed Name

Date

If applicant is a minor, parent signature

EMERGENCY CONTACT INFORMATION

Please provide here the name and contact information for someone who will be available as an emergency contact for Applicant for the time she/he is in the Dominican Republic. In the case of an emergency involving the Applicant, attempts will be made to reach this person at the number(s) below.

Name of contact:

Telephone #1:

Telephone #2:

Telephone #3:

If the Applicant has any health issues or concerns of which the Program's Director and/or Medical Director should be aware, please indicate here:

This information will not be shared except when necessary and/or prudent in the case of an emergency and this form will be destroyed after the conclusion of the trip.