



RELEASE FROM LIABILITY

NOTE: THIS IS AN IMPORTANT DOCUMENT THAT RELEASES THE FREE TO SMILE FOUNDATION, INC. FROM ALL CLAIMS OF PERSONAL INJURY, FINANCIAL RESPONSIBILITY OR PROPERTY DAMAGE OCCURRING DURING PARTICIPATION ON THE FREE TO SMILE FOUNDATION, INC. SPONSORED MEDICAL MISSION IDENTIFIED BELOW.

DO NOT SIGN THIS DOCUMENT UNTIL YOU HAVE FULLY UNDERSTOOD ITS CONTENTS. UPON SIGNING, YOU SIGNIFY THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO ALL TERMS CONTAINED HEREIN.

I understand that there are real and substantial risks associated with participating in this mission and traveling to this area of the world which include, but are not limited to, possible exposure to disease such as HIV, other infections, terrorism, kidnapping, natural and man-made disasters and accept these risks and all other risks involved whether foreseeable or not.

In consideration of the personal opportunity to serve as a member of FREE TO SMILE FOUNDATION, INC. team, I, the undersigned do hereby release FREE TO SMILE FOUNDATION, INC. its agents, directors, officers, employees, representatives, staff, members and other personnel from all responsibility involving my life, health, safety or personal belongings for the following planned medical mission:

I have reviewed the United States Department of State web site (travel.state.gov) concerning travel to _____ and accept the risks outlined. I have reviewed the Center for Disease Control website (www.cdc.gov/travel) concerning the recommended and required immunizations for travel to _____, and I agree to follow the stated recommendations and take full responsibility in regards to my own immunizations and preventative care.

I hereby authorize all members and all those associated with FREE TO SMILE FOUNDATION, Inc. to take and use photographic & video material of me and by me for use in publications, press releases & public relations/fund raising campaigns.

I acknowledge that I will be responsible for any financial penalties incurred by personal changes that I make for my travel plans.

I hereby agree to abide by the Code of Ethics of FREE TO SMILE FOUNDATION, INC., while on said mission. I agree to indemnify, hold free and harmless, assume liability for, and defend FREE TO SMILE FOUNDATION, INC., its agents, directors, officers, employees, representatives, staff, members and other personnel from any and all costs and expenses including but not limited to: Attorney fees, reasonable investigation & discovery costs, court costs, and all other sums for any claim or action founded thereon, arising or alleged to have arisen out of my gross negligence, intentional tort or criminal misconduct while on the mission.

FREE TO SMILE FOUNDATION, INC. does not carry any medical malpractice insurance or general liability of any kind. More than likely, any medical malpractice program or general liability policy that you are currently covered under while working in the United States, either individually or through an employer or other organization does not cover you for the work you are performing for FREE TO SMILE FOUNDATION, INC. outside the United States.

FREE TO SMILE FOUNDATION, INC. does not assume any liability for loss or damage to equipment brought by participants for personal use during the mission even when the equipment is for surgical/medical purposes.

Please Fax to: 614-873-8437 or Mail to: Byron Henry, 8752 Glassford Ct. S, Dublin, Ohio 43017

Signature: _____ Witnessed By: _____
Printed Name: _____ Dated By: _____
Residence Address: _____