

## WAIVER OF LIABILITY FOR INJURY AND DAMAGES

I am signing this permission and waiver in consideration of Central American Relief Efforts permitting me or my child to go on a medical mission trip with their organization. If the services I or my child will be performing require licensure or meeting other requirements in the country in which such services will be performed, I certify that I or my child have all the proper licenses and have met all requirements to provide any medical treatment I or my child may provide or dispense and medications which I or my child may dispense while on the medical mission trip. I agree that I or my child will follow all statutes, rules, and regulations related to any country in which the medical mission trips enters as well as all rules and regulations imposed by Central American Relief Efforts. I do hereby assume the risk of injury to myself or my child that results from any cause whatsoever while on the medical mission trip. I release, discharge, and indemnify Central American Relief Efforts, their heirs, successors, executors, administrators, assigns, officers, directors, shareholders, agents, former and current employees, subsidiaries, parent corporations, and all and anyone associated with Central American Relief Efforts, their heirs, executors, administrators, successors, and assigns. I hereby waive any and all claims for damages to myself, or my property, or my child, or my child's property. This permission and waiver are valid every time I or my child goes on a medical mission trip with Central American Relief Efforts.

---

Date

---

Signature of Participant

---

Date

---

Signature of Parent or Guardian  
(If Participant is under age 18)