

**WAIVER OF LIABILITY FOR INJURY AND DAMAGES**

I sign this permission and waiver in consideration of Central American Relief Efforts permitting me/my child to go on a medical mission trip with the organization. If the services I/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/my child have all proper licenses and have met all requirements to provide any medical treatment I/my child may provide or medications which I/my child may dispense while on the medical mission trip. I agree that I/my child will follow all statuses, rules, and regulations related to any country in which the medical mission trip enters as well as all rules and regulations imposed by Central American Relief Efforts.

I do hereby assume the risk of injury to myself/my child that results from any cause whatsoever while on the medical mission trip with the organization. I release, discharge, and indemnify Central American Relief Efforts, their heirs, successors, executors, administrators, assigns, officers, directors, shareholders, 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, my property, my child, or my child's property. This permission and waiver are valid every time I/my child participates in a medical mission trip with Central American Relief Efforts.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If participant is under 18 years of age)

\_\_\_\_\_  
Date