



SHORT TERM MISSION TRIPS

MEDICAL RELEASE (1 OF 2)

Our mission is to enable and inspire the needy people of developing countries by partnering with their communities to implement water purification and distribution systems and by providing health and hygiene education, dental care, and by promoting gender empowerment.

**VOLUNTEER
INFORMATION**

Name:	
Current Mailing Address:	
Phone Numbers:	Home:
	Work:
	Cell:
Email Address:	

Please read and sign this Release and Waiver of Liability form on the following page.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__, by _____ (the "Volunteer") in favor of the Agua Viva International, a nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, Agua Viva).

The Volunteer desires to work as a volunteer for Agua Viva and engage in the activities assigned to a volunteer. The Volunteer understands that the Activities may include constructing and exposure to risks inherent to travel third world countries. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Waiver and Release. The Volunteer does hereby release and forever discharge and hold harmless Agua Viva and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work with Agua Viva.

Volunteer understands that this Release discharges Agua Viva from any liability or claim that the Volunteer may have against Agua Viva with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's work for Agua Viva, whether caused by the negligence of Agua Viva or its officers, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Agua Viva in writing, Agua Viva does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment. Except as otherwise agreed to by Agua Viva in writing, Volunteer does hereby release and forever discharge Agua Viva from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work with Agua Viva.



SHORT TERM MISSION TRIPS

MEDICAL LIABILITY RELEASE (2 OF 2)

3. Assumption of the Risk. The Volunteer understands that the work for Agua Viva may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, transportation to and from the work sites, contact with animals, and cutting with sharp tools. Volunteer recognizes and understands that activities at Agua Viva may, in some situations, involve inherently dangerous activities. Volunteer recognizes that, while precautions will be taken, there is risk in eating foods in the remote regions where Agua Viva is operating and taking Volunteers.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Agua Viva from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer’s work for Agua Viva.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by Agua Viva in writing, Agua Viva does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto Agua Viva all right, title, and interest in any and all photographic images and video or audio recordings made by Agua Viva during the Volunteer’s work for Agua Viva, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and/or Kansas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri and/or Kansas. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, volunteer has executed this Release as of the day and year written below.

IN WITNESS WHEREOF, volunteer has executed this Release as of the day and year written below.

Volunteer
Printed Name:
Signature:
Date:

Notary

State of _____, County _____, on this day of _____ Year ____ before me personally appeared _____ to be known to be the person who executed the above release, and acknowledge that _____ voluntarily executed same.

NOTARY PUBLIC: _____

NOTARY SEAL:

DATE OF EXPIRATION OF NOTARY COMMISSION: _____