



ALOHA MEDICAL MISSION

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WAIVER AND RELEASE OF LIABILITY

I hereby release Aloha Medical Mission, its officers, employees and Board of Directors from any and all liability for any acts or omissions related to the rendering of medical services to the patients in

_____ (mission country), in connection with the medical mission leaving
_____ (your country) on _____ (date) and returning on
_____ (date).

I fully understand that the mission has risks of accident, injury or disease, which may be caused by my own actions or inactions, the actions or inactions of Aloha Medical Mission or others, or the conditions at the locations where the mission will take place. There may be other potential risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses or damages I may incur due to my participation in the mission. I certify that I am qualified, in good health and in proper physical condition to participate in the mission.

I further hereby waive and release any and all rights and claims for loss or damage, at law or in equity, that I may have against Aloha Medical Mission, its officers, employees, volunteers and Board of Directors now or in the future for any and all illness, injury, loss or damage suffered by me as a result of my participation in this mission, even if the loss or damage is caused by the person I am releasing. This Waiver and Release is binding on my heirs, successors, assigns, personal representatives, administrators and executors.

I certify that I have read the contents of this document, fully understand its provisions, and freely execute this Waiver and Release.

DATED in _____ (current location), this _____ day of _____, 20__.

Name (Please PRINT)

Signature