

Release and waiver form

(One form must be completed and signed for each participant/doctor, technician and assistant.)
Please sign, scan and email back to: info@prohomine-dental-aid.org or fax at: **+43 5574 71314-9**.

I, (full legal name) _____
residing at (street name) _____
in the city of _____, state of _____, country _____,
and passport number _____ acknowledge and agree that:

1. I am voluntarily making a humanitarian service trip to a foreign country.
2. This trip was arranged by PRO HOMINE Dental Aid Project, Austria.
3. I am paying all my costs and expenses associated with this trip. I will not receive payment from anyone for any services I provide on this trip.
4. During the trip I will experience conditions that may endanger my health and life. These conditions may include but are not limited to:
 - a. Disease and illness, including that from food and water consumed on the trip.
 - b. Accidents.
 - c. Dangerous travel conditions.
 - d. Crime.
 - e. Harsh climate.
 - f. Inadequate or no medical treatment.
 - g. Various risks that may not be anticipated at this time.
5. In consideration of PRO HOMINE and volunteers arranging this trip, on behalf of myself, my heirs, executors, administrators and assigns, I release and discharge PRO HOMINE, all volunteers and all other persons connected with this trip, from all claims, demands, actions or cause of action, due to death or any injury, illness or harm that may occur to me from any cause during this trip.
6. If this trip is postponed or cancelled for any reason, I will not seek reimbursement from PRO HOMINE, volunteers, its employers, agents, officers, directors, families, or any other person or legal entity connected with PRO HOMINE.
7. I will not sue, seek to sue, or make any claim for any damages for anything related to this trip, against PRO HOMINE, volunteers, its employers, agents, officers, directors, families, or any other person or legal entity connected with PRO HOMINE.
8. The destination of this trip is to _____
from (date) _____ to (date) _____.

Date, _____

Participant signature

Parent or guardian (for minor participant)