



Liability Release and Indemnification Form

I wish to participate in a short-term volunteer deployment through Family Medicine Cares International (FMCI), a humanitarian program coordinated by the American Academy of Family Physicians Foundation (the "AAFP Foundation"), which is a not-for-profit corporation engaged in the provision of sustainable and accessible health care to underserved populations throughout the world.

In consideration for providing assistance to me in arranging this trip and for the opportunity afforded me to serve, which, and as evidenced by my signing this Liability Release and Indemnity Form (this "Release Form"), I regard as significant, material, and valuable consideration in exchange for this release and indemnity, I, the undersigned volunteer, on behalf of myself and my personal representatives, permitted assigns, heirs, and next of kin, hereby irrevocably, unconditionally, and forever release, discharge, hold harmless, and covenant not to sue the AAFP Foundation and/or any other organization(s) with which I will work while on this trip, and each of their respective divisions, parents, subsidiaries, member organizations, affiliates, chapters, officers, directors, agents, employees, contractors, volunteers, insurers, heirs, permitted assigns, and successors in interest, and any and all entities who referred me to the AAFP Foundation (collectively the "Releasees"), from any and all claims, demands, liabilities (under the laws of any state or country), losses, injuries, death, damages to property, fees, expenses and/or costs of any kind whatsoever (collectively, "Claims") that I may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed volunteer opportunity, the cancellation or delay of such volunteer opportunity, or the failure to provide future volunteer opportunity(ies). Further, I agree to indemnify and hold harmless the Releasees from any and all Claims arising from or caused by me in whole or in part, during my travel to and from and by participation in the trip, including without limitation any of the foregoing related to my professional licensure or lack thereof.

I am fully aware of the risks and other hazards inherent to this trip. I understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, inclement weather, or other circumstances that could threaten my health or safety. I voluntarily assume these risks and all other risks of loss, damage, or injury that may be sustained by me during my travel to and from and by participation on the trip. I also agree that I bear the sole responsibility for any and all expenses (including medical) which I incur during my travel to and from and by participation in the trip, whether for injury or illness, and whether required as a result of said travel or participation or not. I consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by AAFP Foundation staff and/or any contractor or representative of AAFP Foundation (the "FMCI Parties"). In an emergency, I understand the individual whom I have listed as my emergency contact may be contacted. If an emergency contact cannot be reached promptly, I hereby authorize and give the FMCI Parties permission to secure medical treatment for me in the event that I am not able to make that decision due to injury or illness during my volunteer service. This authorization also authorizes any FMCI Party to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. I agree that the Releasees do not assume any responsibility for the payment of any hospital, physician, ambulance, dental, medical or other services obtained for me hereunder and that I am and remain responsible for the payment of such fees or expenses which may be incurred. I also authorize release of any and all medical or health information which I receive pursuant to illness or injury to the aforementioned. I agree to immediately report any injuries, illnesses or emergencies to an FMCI Party that occur during my service.

My release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the Releasees. In addition to economic damages, costs and expenses, this release also specifically covers any and all injuries, deaths, and conditions of health, whether or not immediately apparent following my service through FMCI, or which may at any time thereafter develop.

As evidenced by my signing this Release Form, I regard the services, time, skills, transportation, vehicles, medicines, supplies, equipment and other related costs and expenses being furnished to me as significant, material, and valuable consideration in exchange for this release, and I value this consideration as a significant, material factor in fulfilling my compelling desire to serve human needs. I have read and fully understand this Release Form.

I understand that I may speak with an AAFP Foundation staff member about any questions concerning the proposed volunteer opportunity. In connection with any portion of this document that I do not understand, I have and continue to have the right to obtain legal advice from an attorney of my own choosing.

I hereby irrevocably authorize and grant unrestricted permission to AAFP Foundation and its designees to use my name, likeness, video images of me and/or sound recordings of my voice (collectively, "My Image") and to copy, exhibit, publish, display, and distribute My Image for any lawful purpose. I understand that the foregoing uses may include, but are not limited to, videotapes, films, sound recordings, photographs, displays, brochures, websites, multimedia presentations, or in any other type of promotional medium existing now or in the future. I agree that I will make no monetary or other claim against the AAFP for use of My Image. Additionally, I waive any right to inspect or approve the finished product wherein My Image appears, and I waive any monetary or other claims arising from or related to the use of My Image. I hereby hold harmless and release Releasees from any liability which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf have or may have by reason of this release, including without limitation, any and all claims for libel or violation of any right of publicity or privacy.

This Release Form shall be binding upon all of my heirs at law, next of kin, assigns, and personal and legal representatives. This Release Form may be enforced by me and/or any Releasee. This Release Form shall be governed and interpreted by the laws of the State of Kansas.

I warrant that I have read and fully understand this Release Form and voluntarily sign the same, and that no oral representations, statements, or inducements apart from the foregoing have been made to me.

Date:

Signature:

Printed Name:

