



Helping Haiti, One Child at a Time.

Medical Release and Hold Harmless

To be filled out by ALL trip participants

This form is REQUIRED for participation with The Road to Hope. Please submit this along with the [Medical Disclosure Form](#) (in Section 7 of the medical disclosure form you will be asked to upload this form). You will need to ensure that The Road to Hope receives this completed form with all the required signatures. It is due 2 weeks before your trip begins.

On behalf of myself/my child, I authorize The Road to Hope to:

- I authorize The Road to Hope through its employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the course of the trip.
- Release any and all other medical information or records to any party deemed necessary by The Road to Hope, its agents, employees or representatives;
- I hereby release and agree to indemnify The Road to Hope., its employees, agents, and representatives for any and all claims or causes of action including but not limited to all damages, liability or costs resulting from the authorizing of medical treatment on my/my child's behalf under the terms of this consent. I further hold The Road to Hope harmless from any and all claims or causes of action including by not limited to costs, damages or expenses incurred by The Road to Hope as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. This release specifically encompasses any act of The Road to Hope employees, agents or representatives including acts of negligence by The Road to Hope and its employees, agents or representatives.
- I am aware that serious illness or injury may occur during this program/trip and that such illness and injury may result in myself/my child incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself/my child by air ambulance or other extraordinary means. I also understand that these programs/trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participant, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or The Road to Hope including any act of negligence by The Road to Hope or its employees, agents or representatives.
- I agree that it will solely be my responsibility to obtain information on travel immunizations required/recommended and travel precautions for the area. I realize that immunizations must be completed 4-6 weeks prior to travel and/or according to the guidelines outlined by the CDC and/or my chosen attending physician.

- I hereby release and hold harmless The Road to Hope and its employees, agents or representatives from all liability resulting from any act of The Road to Hope and its agents including acts of negligence by The Road to Hope and its employees, agents or representatives for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this program/trip. I understand that this release and indemnification releases liability for the conduct of The Road to Hope and its employees, agents or representatives including acts of negligence by The Road to Hope and its employees, agents or representatives.
- If signing for a minor, I/we, the undersigned, are the parents having legal custody or the legal guardians of the below named participant, a minor, have given our consent for him/her to attend a trip organized by The Road to Hope, or are of legal consenting age myself. I/we understand that a member of the The Road to Hope or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named is dismissed from the trip site, I/he/she will be transported home at my/our expense. The lead adult of our group will contact the parent or guardian to arrange such transportation.
- I give The Road to Hope the right to use my/my child's picture, voice and/or testimony in any form of promotional or advertising materials, including but not limited to live events and social media.

Participants sign acknowledgment that they understand risks etc. and have taken responsibility for all the above.

Participant, Parent or Guardian (if participant is under 18 years of age)

Name: _____

Participant, Parent or Guardian (if participant is under 18 years of age)

Signature: _____

Date: _____