

M.E.D.I.C.O

Please print this page, add your signature and date, and send it with your application to

MEDICO, Inc.
2955 Dawn Drive, Suite D
Georgetown, TX 78628
512-930-1893 voice
512-869-7500 fax
information@medico.org

Release and Waiver of Liability

The undersigned is an adult 18 years of age or older (or is a minor with parent's permission) who desires to volunteer his/her services to the Medical, Eye & Dental International Care Organization, Inc., a nonprofit organization hereafter referred to as MEDICO. The undersigned understands and acknowledges that there may be risks of bodily injury, illness, or death inherent in travel to developing countries, and to the availability of, or assistance with, medical and/or dental care in such countries. The undersigned voluntarily assumes all such risks in connection with his or her activities, as hereafter provided.

For good and valuable consideration and for the right and privilege of being permitted to participate in the activities and services of MEDICO, the undersigned hereby releases MEDICO and its directors, officers, agents, and employees from any and all liability and holds MEDICO blameless for physical or emotional injury, illness, or death, or from property damage or loss of any nature resulting from, arising out of, or in any way connected to the work, services, or activities performed or engaged in for MEDICO, and forever holds MEDICO, its directors, officers, employees, and agents harmless and agrees to indemnify and defend them against, and all claims, liabilities, loss, damage, or costs in any way connected to his/her activities engaged in or performed in connection with MEDICO.

The undersigned acknowledges and affirms that he/she has carefully read this release and has asked for and obtained a satisfactory explanation to any questions he/she had and has signed this release voluntarily. This signed document is valid from the date signed until such date that he/she notifies MEDICO in writing of its termination.

I have read and agree to the terms of this Release and Waiver of Liability.

Name (printed) _____

Name (signature) _____ Date _____

Name of Dependant (printed) _____ Date of Birth _____

Name of Parent/Guardian (signature) _____ Date _____