



Operation Hope for Children of Haiti | OHFCOH

www.operationhopeforchildren.org

Email: info@operationhopeforchildren.org

53 East Merrick Road, #134
Freeport, New York 11520 (USA)

Telephone: 347.240.5252
Facsimile: 516.977.0380

11 Route Diquini #63 (en face Hospital Adventist)
Diquini/Carrefour, Haiti (WI)

Telephone: 011.509.3.417.7934

Waiver and Release of Liability

I hereby release Operation Hope for Children of Haiti, Inc. (OHFCOH), its officers, employees, assigned volunteers and Board of Directors from any and all liability for any acts or omissions related to the rendering of medical and or non-medical services by me to the patients abroad in connection with the mission leaving for _____ (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 inaction, the actions or inaction of the Operation Hope for Children of Haiti, Inc. (OHFCOH), or others, or the conditions at the locations where the Medical Mission will take place. There may be other potential risks either not known to me or not readily foreseeable at this time.

I am aware that travel to, within, and among developing countries can often be hazardous. I am voluntarily participating in these activities with full knowledge of the potential dangers involved. I hereby agree to accept any and all risks of delay, injury, death, and all other hazards of the mission. Occasionally, missions have been canceled due to various circumstances. In the event of such an occurrence, Operation Hope for Children of Haiti, Inc. (OHFCOH) and its board will adhere to the following policy:

In the unfortunate event of a cancellation, Operation Hope for Children of Haiti, Inc. (OHFCOH) will not be responsible for refunds of any kind or assume any liability for any expense incurred by any participant including out-of-pocket costs and expenses, lost income, vacation time or any other direct or indirect costs, loss, expense or damage incurred by the participant, chapters or its affiliated organizations. 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 proper physical condition to participate in the mission and have obtained medical clearance for this 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 Operation Hope for Children of Haiti, Inc. (OHFCOH), its officers, employees, assigned 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 on this _____ day of _____, 20____.

Please PRINT and sign your name (above)

Operation Hope is a 501(c)(3) non-profit organization, EIN# 11-3361540. Operation Hope is also a non-governmental organization (NGO), NIF ID number 000-596-419-0. All contributions are tax-deductible to the fullest extent permitted by law.

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