



LIABILITY / MEDICAL RELEASE FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF AN EMERGENCY: \_\_\_\_\_

RELATION: \_\_\_\_\_ PHONE: (\_\_\_\_\_)\_\_\_\_\_/ (\_\_\_\_\_)\_\_\_\_\_

FAMILY PHYSICIAN & PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

REGULARLY TAKEN MEDICATIONS: \_\_\_\_\_

MEDICAL CONDITIONS WE SHOULD BE AWARE OF: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY: \_\_\_\_\_ NAME OF POLICY HOLDER: \_\_\_\_\_

BY MY SIGNATURE BELOW, I AUTHORIZE HEALTH, EDUCATION & LITERACY PROVIDERS, INC. (HELP) AND/OR THEIR REPRESENTATIVES TO SEEK MEDICAL ATTENTION AND TREATMENT FOR \_\_\_\_\_ SHOULD THE NEED ARISE DURING THE TRIP TO NIGERIA. I HEREBY RELEASE AND DISCHARGE HELP, ITS PRINCIPLES, TRUSTEES, STAFF AND SPONSORS FROM ANY AND ALL CLAIMS FOR PERSONAL INJURIES, DEATH AND PROPERTY DAMAGE. I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF AND I SIGN THIS RELEASE AT MY OWN FREE WILL. THIS IS A LEGALLY BINDING AGREEMENT, WHICH I HAVE READ AND UNDERSTAND.

(SIGNATURE) \_\_\_\_\_

(DATE) \_\_\_\_\_

FOR NOTARY PUBLIC

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_