

**Global Hands of Healing
Medical Dental Mission Team
Liability Release Form**

The undersigned releases and agrees to hold harmless Global Hands of Healing, Inc. its members, directors, officers and sponsors from any liability for injuries, damages, losses, accidents, delays or irregularities related to the undersigned individual's participation or involvement in the following project:

Name and Year of Mission Trip _____

This release covers all rights and causes of action of any kind, nature, or description, which the undersigned ever had, now has, or, but for this release, may have in the future. This release binds the undersigned and his or her heirs, representatives and assigns.

I further acknowledge that Global Hands of Healing is a faith based organization and acts as such.

Participant Signature: _____ Date: _____

I give permission for Global Hands of Healing to use any photographs that include my likeness on the globalhandsofhealing.org web page or any printed advertising.

Participant Signature: _____ Date: _____

Notarization of Liability Release Form:

STATE OF _____

COUNTY OF _____

On this ____ day of, _____ (year), before me personally appeared

_____ to me known to be the same person described in

and who executed this instrument, and who acknowledged the same to be the free act and deed

thereof.

x _____

Notary Public, _____ County

State of _____

My Commission Expires: