

**Hands of Healing  
Medical Dental Mission Team**

**Liability Release Form**

The undersigned releases and agrees to hold harmless Global Hands of Healing, Inc. it's members, directors, officers and sponsors from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned individual's participation or involvement in the following project:

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: \_\_\_\_\_

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 \_\_\_\_\_