

GENERAL WAIVER, RELEASE and COVENANT NOT TO SUE

Partners 4 Global Health, Inc.

PO Box 4187

Winter Park, Florida 32793

P4GH OUTREACH MISSION TRIP

In consideration of being permitted to participate in the Partners 4 Global Health, Inc. Outreach Mission Trip, hereinafter ("Mission Trip"), I, for myself, my personal representatives, agents, executors, administrators, successors, assigns, heirs and next of kin:

1. Acknowledge and represent that I fully understand that: (a) the mission trip may take place in countries or regions that involve significant health risks, including poor sanitary conditions, exposure to exotic and contagious diseases and limited to no medical facilities or means of rapid evacuation, severe weather conditions, quarantine, strikes, risks of war, terrorism, hijacking, kidnapping and other acts of violence, unreliable or limited security protection or other political, economic, social, environmental, or other conditions involving risks and dangers of, but not limited to, serious bodily injury, emotional distress and even death, (b) the mission trip involves risks and dangers that may be caused by my own action or inaction, the action or inaction of others participating in the mission trip, the negligence of the "Releasees" named below or other causes, conditions or events beyond the direct control of the Releasees; and (c) there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the mission trip;
2. Represent and warrant that I am qualified, in good health and in proper physical and mental condition to participate in the mission trip that involves travel in a foreign country, construction and other heavy labor work, the provision of non-technical medical care as well as those dangers listed above;
3. Represent that I have a health insurance policy that I believe is adequate to provide me with medical care in case I am injured inside or outside of the USA because of the Mission Trip. I have provided evidence of said coverage that will remain in place until the end of the Mission Trip. I understand that I can not participate in the Mission Trip unless this or other suitable health insurance policy is in place during the Mission Trip;
4. Understand and it has been represented to me that I am not insured against accident, death, disability, claims based on my own actions or inactions, or other loss (including property loss) by Releasees;
5. Understand and agree that I will participate in and purchase Volunteer Missionary Travel Insurance as described in the attached literature. However, I understand and acknowledge that such insurance is very limited and, depending on my personal financial circumstances and obligations, it may be wholly inadequate to insure me against losses or injuries I may incur on the Mission Trip. I have been advised strongly by Releasees to review my own insurance coverage and consult with appropriate professionals so that I and my family can be protected by adequate insurance in the event of a loss during the Mission Trip;

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6. Understand that Releasees do not have any superior knowledge regarding the political or other conditions that participants in the Mission Trip will encounter. I understand that Releasees have only a general idea of the activities and conditions that will be encountered on the Mission trip and the primary role of Releasees is to provide a method for gathering financial and material support for the Mission Trip. Releasees can not and do not warrant for the safety of participants on the Mission Trip and strongly advise participants to seek out information on the appropriateness of the trip for them.
7. Having read and understood the entire documents herein, I for myself, my personal representatives, agents, executors, administrators, successors, assigns, heirs and next of kin hereby RELEASE, DISCHARGE AND COVENANT NOT TO SUE **Partners 4 Global Health, Inc.** PO Box 4187 Winter Park, Florida 32793 and covenant not to sue the Releasees for any liability, claims, demands, losses or damages on my account directly or indirectly caused or alleged to be caused in whole or in part by, or by the negligence or strict liability of, the "Releasees" or otherwise, including negligent rescue operations; and I agree that if, despite the General Waiver, Release and Covenant Not To Sue, I, for myself, my personal representatives, agents, executors, administrators, successors, assigns, heirs and next of kin or anyone on my behalf makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation, expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim. I intend and agree that this General Waiver, Release and Covenant Not to Sue is to be interpreted to the maximum extent of the law of Florida allowing such a waiver of claims, assumption of the risks of the Mission Trip as defined above, enforcement of a Covenant Not to Sue, and indemnification;
8. Agree to abide by all instructions of **Partners 4 Global Health, Inc.** or its staff, representatives, designees while participating in the mission trip and the laws of the governmental jurisdictions at the place or places where the mission trip takes place; and I agree that if I violate any applicable instruction or law at any time during the mission trip, I may be sent to my home country immediately at my own expense; and I agree to reimburse **Partners 4 Global Health, Inc.** for any and all costs associated with sending me to my home country and to indemnify and hold harmless the Releasees from all claims or losses resulting from my failure to abide by such instructions and laws; and I further agree that the **Partners 4 Global Health, Inc.** and its staff, representatives or designees may send me to my home country at any time during the mission trip if they determine that my continued participation in the mission trip will adversely affect my health, safety or welfare or the health, safety or enjoyment of other mission trip participants.

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I have read this General Waiver, Release and Covenant Not to Sue, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurances of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that, if any portion of this General Waiver and Release is held to be invalid, the balance shall nonetheless continue in full force and effect. I reaffirm my understanding that only by executing this document will I be allowed to participate in the Mission Trip. I also agree that the law of Florida shall be applicable to action relating to or interpreting this General Waiver and Release or claims arising out my participation in the Mission Trip. I also agree that I have been advised to seek outside counsel as to the terms and conditions of this document and have either done so or made a conscious decision not to do so.

Please sign digitally on the registration form.