



**HEART CARE INTERNATIONAL, INC.
LIABILITY RELEASE FORM**

I, _____, do hereby release Heart Care International, Inc., its agents, directors, officers, representatives, employees, staff and volunteers from any and all responsibility involving my health, safety, or property during or related to the medical missions to the Dominican Republic, Guatemala, El Salvador, Mexico, Ecuador or Peru which I attend during the period from January 1, 2019 through January 1, 2021, or anything arising there from.

I hereby take full responsibility for obtaining all necessary immunizations for travel to such countries and their cost of such immunizations. I will be responsible for the cost of my transportation to and from the airport (including parking if applicable) from which I depart.

I will also be responsible for obtaining and maintaining any personal health, life, accident, disability and or liability insurance for myself and/or my belongings for the period of time that I am on a medical mission.

Dated: _____

Signature: _____

Notary Public: _____

My Commission Expires:

(In order for this form to be valid, it must be duly executed and notarized. It will be returned to you if not properly executed. Thank you for your cooperation.)