



GlobalDentalRelief

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Release and Discharge

Agreement for Participants, Release and Discharge, Acceptance of Responsibility and Acknowledgement of Risks

This Document affects your legal rights. You must read and understand it before initialing or signing it.

NAME OF PARTICIPANT: _____

ADDRESS: _____

PHONE: _____ VOLUNTEER PROJECT LOCATION(S) & DATES:

DATE: _____

I, the above named person, being at least eighteen years of age, in consideration of the right to participate in Global Dental Relief's Volunteer Dental Project, hereby acknowledge, understand and agree with Global Dental Relief, and release and discharge Global Dental Relief on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

ACKNOWLEDGEMENT OF RISKS

I understand and acknowledge that the Volunteer Dental Project that I am about to participate in bears certain known and unknown risks which could result in injury, death, illness or disease, physical or mental or damage to myself, to my property or to third parties. I understand that there are risks inherent in the nature of travel itself including, but not limited to the hazards of traveling in mountainous terrain and underdeveloped areas, accident or illness in remote places without medical facilities, and travel by bus, automobile or other conveyance and accidents connected with their use.

I understand and acknowledge that the above list is not complete or exhaustive, and that there are other risks that may also result in injury, death, illness or disease, or damage to myself, to my property or to third parties.

** I have read this section and check the box to show that I understand and agree:

ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that travel to and working at the mobile clinic entails risks of injury to myself and a risk or injury to third parties as a result of my actions, I agree and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself or to my property arising from my participation in this Volunteer Dental Project. I accept the possibility of political activity and/or physical harm due to political unrest. I further accept the risk of harm arising from unforeseen natural disasters. I acknowledge that Global Dental Relief reserves the right to make last minute changes in locations,

itineraries, or even to cancel a trip in the interest of my safety if deemed advisable at Global Dental Relief's sole discretion.

I agree and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to third parties and their property arising from my participation in the Volunteer Dental Project. My participation in the Volunteer Dental Project is purely voluntary; no one is forcing me to participate, and I elect to participate with full understanding of the potential risks.

** I have read this section and check the box to show that I understand and agree:

RELEASE

I hereby voluntarily release and forever discharge Global Dental Relief, its agents or employees from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this Volunteer Dental Project, including specifically, but not limited to the negligent acts or omissions of Global Dental Relief, its agents or employees, partners or sub-contractors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to myself, or damage to my property or to third parties.

I further agree and promise to hold harmless and indemnify Global Dental Relief, its agents or employees, from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to third parties in the course of my participation in this volunteer project.

I further agree and promise not to sue, assert or otherwise maintain or assert any claim against Global Dental Relief, its agents or employees, for any injury, death, illness or disease, or damage to myself or damage to my property arising from or connected with my participation in this Volunteer Dental Project or from any claim asserted against me by third parties.

** I have read this section and check the box to show that I understand and agree:

PARTICIPANT INSURANCE BENEFITS

I understand and acknowledge that Global Dental Relief, will not provide me with any insurance coverage benefits and that it is my responsibility to purchase adequate insurance. I further understand that Global Dental Relief will provide information on obtaining said insurance, but it is my responsibility to apply for and purchase insurance coverage.

** I have read this section and check the box to show that I understand and agree:

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

RELATIONSHIP TO PARTICIPANT: SELF OTHER: _____

By checking this box I am indicating that I have read this entire document, understand it and completely agree to be bound by its terms.