

Gesundheit! Institute International

Release Form

For and in the consideration of my being allowed to participate in the missions and other activities of Gesundheit! Institute (hereafter referred to as "GII"), I acknowledge that my volunteer service may include some hazardous activities and being aware of said activities, I hereby assume all risks associated with them.

I hereby agree to waive all claims for damages, costs or charges of any kind against GII and against the officers, directors, and employees of GII for injury to my person or property, including death and destruction, that may arise from my participation in any GII mission or activity and I release GII and its officers, directors and employees and agree to hold them harmless from any liability. I further agree not to hold GII responsible and to release GII and its officers, directors, and employees from any and all losses of any kind that could result from acts of terror or kidnapping that may occur while participating in GII missions or sponsored activities.

In addition, I assume responsibility for any injury or damage that is caused to another party, in whole or in part, by my actions. I understand that GII will not be responsible for my actions during the time of my participation in any GII sponsored mission activity.

I understand and agree that this release will remain in force for the entire tenure of my membership with GII and will be binding on all GII sponsored missions or activities and that this release shall remain in force until I revoke it in writing.

I understand that this release shall be binding on my heirs, executors, administrators or legal representatives.

Participant's Signature

Date

Participant's Printed Name

Passport Number

Address

Mission Location

Phone/Email

In Case of Emergency, contact (in the U.S.):

Name

Address

Home Phone/ Cell Phone/ email