

# The Gesundheit! Institute

Founded by Patch Adams, MD

## Gesundheit! Institute Parent 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 "G!I"), 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 G!I and against the officers, directors, and employees of G!I for injury to my person or property, including death and destruction, that may arise from my participation in any G!I mission or activity and I release G!I and its officers, directors and employees and agree to hold them harmless from any liability. I further agree not to hold G!I responsible and to release G!I 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 G!I 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 G!I will not be responsible for my actions during the time of my participation in any G!I sponsored mission activity.

I understand and agree that this release will remain in force for the entire tenure of my membership with G!I and will be binding on all G!I 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:** \_\_\_\_\_

**Participant's Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Mission Location:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Emergency Contact Information (Name, Phone, Email):**

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