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WAIVER AND RELEASE OF LIABILITY,
COVENANT NOT TO SUE, ASSUMPTION OF
THE RISK, & PUBLICITY RELEASE

(Hereinafter the "Release")

Read Before Signing

In consideration of being accepted to participate on a Smiles on Wings mission trip to Thailand, the undersigned acknowledges, appreciates, and agrees as follows:

(insert date of mission trip)

I, _____

(insert full name)

hereby release, hold harmless, and forever discharge, and covenant not to sue Smiles on Wings, Inc., all their officers, directors, agents and/or employees (hereinafter "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising out of the negligence of any of the Releasees, or otherwise, while preparing for, arriving at, participating in, or departing from the above named trip, and verify this statement by placing my initials here: _____.

I willingly agree to comply with the terms and conditions for participating as communicated to me by Usa Bunnag, DDS or on her behalf by Smiles on Wings, Inc. representatives during the above named trip, including her authority to cancel all or any portion thereof. I acknowledge and understand that should I have or develop legal problems with any foreign nationals or government while participating in the above named trip, I will attend to the matter personally with my own personal funds and that Smiles on Wings, Inc. is not responsible for providing any assistance under such circumstances.

I assume the risk of participating in the above named trip and acknowledge the dangers in international travel and in participating in the activities of the above named trip and I voluntarily assume all risks, both known and unknown, for myself. I accept full responsibility for injury, death, property damage, or other loss, even if caused by the negligence of the Releasees. I am free of any medical condition that might create undue risk to me or others who might depend on me during my participation. I understand that healthcare facilities may be minimal/absent in rural/remote areas and that all types of health care, including for emergencies, may be difficult to find. I acknowledge, agree and represent that I am qualified in my profession, in good health, and in proper physical condition to participate in the above named trip.

As a condition of my participation on the above named trip, I am required to have medical coverage unless Smiles on Wings, Inc. has specifically waived such requirement in a written letter of agreement addressed to me. I hereby consent to medical treatment in case of emergency. I agree to assume full responsibility for payment of any fees incurred as a result of such medical treatment.

