



C.U.R.E. CLINICS

TRAVEL RELEASE

In consideration of Project C.U.R.E. authorizing my international travel to and participation in a Clinic trip or related activity, for: _____(Clinic Name) which will take place between _____(date)_____, in _____, in the country of _____, I hereby agree as follows:

I, (Name)_____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless The Benevolent Health Care Foundation, d.b.a. Project C.U.R.E. , and their respective officers, directors, trustees, employees, representatives, agents, staff and volunteers (collectively, the “Releasees”), from any and all responsibility or liability whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any way pertaining to my travel to or participation in the Clinic, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise. I fully understand that there are potential risks and hazards associated with the Clinic, and its related round-trip travel to_____including, but not limited to, illness, injury, or loss of life.

(Name)_____ further releases Project C.U.R.E., its agents, employees, insurers, or anyone else associated with Project C.U.R.E. including a claim whatsoever on account of First Aid, treatment, or service rendered to (Name)_____ during my participation in the above Humanitarian Relief Mission.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

NAME (PRINTED)

WITNESS (PRINTED)

SIGNATURE

WITNESS SIGNATURE

DATE

DATE