



MDP

MINNESOTA DOCTORS FOR PEOPLE

Please print this page, sign and date and return it with your application to:

MDP

P.O. Box 4304, Mankato, MN 56002

Release and Waiver of Liability

The undersigned is an adult 18 years of age or older (or is a minor with parent's permission) who desires to volunteer his/her services to Minnesota Doctors for People, Inc. a nonprofit organization hereafter referred to MDP. The undersigned understands and acknowledges that there may be risks of bodily injury, illness or death inherent in travel to developing countries. The undersigned voluntarily assumes all such risks in connection with his or her activities, as hereafter provided.

For good and valuable consideration and for the right and privilege of being permitted to participate in the activities and services of MDP, the undersigned hereby releases MDP and its directors, officers, agents, and employees from any and all liability and holds MDP blameless for physical or emotional injury, illness, or death or from property damage or loss of any nature resulting from, arising out of, or in any way connected to the work, services, or activities performed or engaged in for MDP, and forever holds MDP, its directors, officers, employees, and agents harmless and agrees to indemnify and defend them against all claims liabilities, loss, damage or costs in any way connected to his/her activities engaged in or performed in connection with MDP.

I understand that I am not an employee of MDP because I participate as a volunteer in the work of MDP. I understand and agree that MDP is under no obligation to provide, and does not provide worker's compensation, malpractice insurance, medical insurance or travel insurance or any other employee benefits of any kind.

The undersigned acknowledges and affirms that he/she has carefully read this release and has asked for and obtained a satisfactory explanation to any questions he/she had and has signed this release voluntarily. This signed document is valid from the date signed until such date that he/she notifies MDP in writing of its termination.

I have read and agree to the terms of this Release and Waiver of Liability.

Name (printed) _____

Name (signature) _____ Date _____

Name of dependant (printed) _____ Date of Birth _____

Name of Parent/Guardian (signature) _____ Date _____