



GENERAL RELEASE FOR EPISODIC OREGON VOLUNTEERS

Group name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Name you prefer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

Home : (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

In consideration of Medical Teams International arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE Medical Teams International, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, Medical Teams International whether or not due to Medical Teams International negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the state of Oregon. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

I agree that Medical Teams International may use my name, any photographs and video of me for publicity or promotional purposes without liability or obligation to me.

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(Required for volunteers under age 18)

EMERGENCY CONTACT INFORMATION

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_