



Eye Care International
El Salvador

**2027 EYE CARE MISSION
RELEASE OF LIABILITY AND WARNINGS
AND STATEMENT OF EACH PARTICIPANT'S PERSONAL RESPONSIBILITY**

I, (we) _____, along with all members of my (our) family, including my (our) heirs, personal representatives, successors and assigns, in consideration of the benefits derived, hereby voluntarily waive any claims against the organizers, or any other participants, on this project. In fact, the organizers of this trip cannot and do not risk their family's financial security by organizing this trip. This is not a "common venture" in which participants "share the responsibility" for the conduct of this trip.

Special insurance will be purchased for each participant; however, each participant in the trip must decide for himself/herself whether he/she has the appropriate health and medical insurance to safely participate in this trip, including, but not limited to, whether said coverage extends to a foreign country. Each individual is responsible for his/her own decisions and for ensuring that he/she has the proper health and medical coverage.

The undersigned fully and completely understand(s) the risks involved in participating in this project, and voluntarily and freely accept (s) and assume(s) the same without any recourse against the organizers and/or other participants.

The participant (s) named above assume(s) the risk of death or injury inherent in this trip. The participant waives any claim which may arise against the organizers for death or injury to person or property, including claims of vicarious liability and claims arising from civil recklessness or any degree of negligence. This Waiver shall be broadly construed in favor of protecting the organizers and participants from liability.

If the participant is a minor, this form must be signed by a parent or guardian.
Please complete the following:

Passport Number	Expiration Date	Date of Birth
Phone Number	Email Address	T-Shirt Size
Emergency Contact Name	Relationship	Phone Number

Attending Prescreen (circle one) YES NO

Attending Mission Week 1 (circle one) YES NO

Attending Mission Week 2 (circle one) YES NO

Participant/Guardian Signature: _____ Date _____

Participant/Guardian Signature: _____ Date _____

All participants will meet the bus at Hotel Quality Real Aeropuerto.

Scan and return this form to kprivate987@gmail.com or mail to:

Eye Care International
Attn: Anna Klee
54 Percheron Lane
Hilton Head Island, SC 29926