



MEDICAL RELEASE FORM

(Adult Participant)

Petros Network, a 501(c)(3) US non-profit and Petros Network Canada, a Canadian registered charity, require the completion and acceptance of a medical release prior to participation in a short-term trip.

I, hereby acknowledge and agree to the following, in consideration of the opportunity to be provided by Petros Network (contingent upon its agreement to participation).

Acknowledgment of Risks. I acknowledge that as a result of the travel involved, and being in a foreign country, participating in the short term trip involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of Petros Network and its affiliates.

Information Relied on by Petros Network. I acknowledge that I am in good health and sound mind. If necessary, I have discussed or will discuss with my physician my participation in the short-term trip, and have received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. I will participate in the short-term trip only if I have received my physician's approval, if I deem it necessary, and believe that I am able to participate without harm. I acknowledge that Petros Network will not assess or approve my fitness for participation. I am under no force or duress of any kind to participation in the short-term trip or my signing of this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE PETROS NETWORK OF ANY LIABILITY TO ME THAT IS RELATED TO MY PARTICIPATION IN THE SHORT-TERM TRIP. Accordingly, I hereby release Petros Network from, waive, and will never sue the Petros Network for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with my participation in the short term trip. Such liability includes any liability that arises or is alleged to arise from Petros Network's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that I have sued or from whom I have received compensation.

Medical Permission. I hereby authorize Petros Network or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care for illness or injury sustained while participating in the Petros Network trip or activity, including the administration of emergency anesthesia or surgery. I agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Definitions. (a) References to "me," "my," and "I" shall include and bind myself and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me.

my spouse, , r, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me. (b) "Participation" or "participating" in the short-term trip includes planning and preparing for, traveling to, and traveling from, as well as participating in, the short-term trip. (c) "Petros Network" includes (i) its affiliates, and institutions cooperating in the short term trip; (ii) the trustees, board, officers, employees, volunteers, and agents of Petros Network or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

Name: _____

Signature _____ Date: _____

Phone: _____ Cell: _____

