



MEDICAL RELEASE FORM

(Minor 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.

Minor's Name _____

Date: _____

I, _____ (full name), for the minor indicated above, apply to Petros Network to participate in a short term trip. I acknowledge and agree to, and represent, the following for myself and the minor, in consideration of the opportunity to be provided by Petros Network and its partners. (contingent upon its agreement to my child's and/or my 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 partners.

Information Relied on by Petros Network. I am the parent or legal guardian for the minor for whom this document is signed. The minor is in good health and sound mind. If necessary, I have discussed or will discuss with my physician the minor's participation in the short term trip, and the minor has received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. The minor will participate in the short-term trip only if I have received my physician's approval, if I deem it necessary, and believe that the minor is able to participate without harm. I acknowledge that Petros Network will not assess or approve the minor's fitness for participation. I am under no force or duress of any kind to compel the minor's 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 OR THE MINOR THAT IS RELATED TO THE MINOR'S PARTICIPATION IN THE SHORT TERM TRIP. Accordingly, I hereby release Petros Network from, waive, and will never sue 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 the minor's 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 the minor or I have sued or from whom the minor or I have received compensation.

Medical Permission. I give my permission for the minor to be treated for illness or injury sustained



while participating in the short-term trip, including the administration of emergency anesthesia or surgery; and authorize the adult leaders of the short-term trip to act on my behalf in ordering such treatment.

Definitions. (a) References to “me,” “my,” and “I” shall include and bind the minor, my spouse, any parent of the minor for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such minor, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such minor. (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.

PARENT/GUARDIAN Name: _____

Signature _____ Date: _____

Phone: _____ Cell: _____

