

EXCULPATORY AGREEMENT AND RELEASE OF ALL CLAIMS

CAUTION: READ CAREFULLY

FOR AND IN CONSIDERATION OF my participation in as a team member with the Haiti Medical Mission of Wisconsin, Inc., I fully and forever release, discharge and hold harmless Haiti Medical Mission of Wisconsin, Inc., a Wisconsin nonprofit corporation, and its directors, agents and employees (hereinafter "Haiti Medical Mission") who are or might be liable from any and all claims, demands, actions and rights of action, of whatever kind or nature, which I may hereafter have arising out of, or resulting in any manner, from injury, loss or damages that I may sustain as a direct or indirect result of my participation as a Haiti Medical Mission team member.

I understand that this Release shall apply to release Haiti Medical Mission from any and all liability for any and all negligence on its part before, during or after any medical mission that results in injury, loss or damage to me or my property. I understand that this Release shall apply to release Haiti Medical Mission from any and all liability for all types of negligent conduct that may result in injury, loss or damage to me or my property including but not limited to, the planning, training, conduct, supervision and control of the Haiti Medical Missions.

In signing this Exculpatory Agreement and Release of All Claims, I am relying on my own judgment, belief and knowledge as to any and all dangers that are or might be associated with my participation as a Haiti Medical Mission team member. I have been afforded an opportunity to discuss the terms of this release. I have been advised and understand that risks of participation include violence while in Haiti, acts of terrorism, motor vehicle accidents, food and water poisoning and exposure to contagious diseases. I further understand these risks and other risks and hazards may exist or be heightened by the acts or omissions of Haiti Medical Mission directors, agents and employees. It is my intention to release Haiti Medical Mission from any liability for such acts or omissions.

I further agree to indemnify and hold harmless Haiti Medical Mission against any and all claims which may be made by me or on my behalf or on the behalf of my spouse, children or other family members for any claims of loss of society, companionship, protection, services and other benefits.

I further agree to indemnify and hold harmless Haiti Medical Mission from any and all claims, damages, costs and expenses incurred by me including reasonable attorney's fees, as a result of any injury, loss or damage I sustain as a result of participation as a Haiti Medical Mission team member due to any negligence on my part, or on the part of Haiti Medical Mission directors, agents and employees and/or negligence of third parties. I understand this indemnification hold harmless provision shall apply to all claims, demands, actions and causes of action of any sort for any injury, loss or damage sustained by me, whether made by me or any other party including my spouse, children or parents as a result of participation as a Haiti Medical Mission team member.

This release shall bind myself, my personal representatives, successors or assigns and shall inure to the benefit of the parties released and their heirs, personal representatives, successors or assigns.

IMPORTANT: DO NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT COMPLETELY AND FULLY UNDERSTAND IT. YOU ARE RELEASING AND WAIVING CLAIMS YOU MAY OTHERWISE HAVE AGAINST HAITI MEDICAL MISSION OF WISCONSIN, INC.

Dated this _____ day of _____, 20__.

Signature

Print name

Witness

Print Name