

RELEASE OF LIABILITY, CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE INFORMATION

***Do not sign until in the presence of a notary!**

Participant's Name: _____ Birth date: ____/____/____

Social Security #: ____-____-____

WHEREAS, I _____, wish to be a participant of School of the Heart which will be staying in the United States, and traveling to foreign countries and WHEREAS, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE, in consideration of permission from Herman International Ministries for myself to participate in said group,

I, _____, being of legal age, authorize Herman International Ministries, or any designated agent of Herman International Ministries to act on my behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which Herman International Ministries deems necessary for my medical well-being for the duration of the internship. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required and to the administration of any over the counter medications including but not limited to Tylenol, Advil, allergy medications, and is given to provide authorization and specific consent for medical/dental treatment and care in my behalf. Any consent by Herman International Ministries shall have the same force and effect if I had personally given the consent.

I hereby release Herman International Ministries its agents, servants, employees and volunteers for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold Herman International Ministries harmless and agree to indemnify Herman International Ministries for any and all costs, damages or expenses incurred by Herman International Ministries as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I understand that this release and indemnification releases treatment for the conduct of Herman International Ministries and its agents, servants, employees or volunteers even if such conduct is negligent.

I further authorize for myself Herman International Ministries to release any and all other medical information or records necessary to any party deemed necessary by Herman International Ministries, its agents, servants, employees and representatives/volunteers for the providing of medical treatment to myself or to members of the group to insure proper placement of myself in such group.

I am aware that serious illness or injury may occur during the internship and that such illness and injury may result in myself incurring costs, expenses and damages for which I am solely responsible.

I hereby release and hold harmless Herman International Ministries, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this internship. I have read and understand the above information. The information I have given Herman International Ministries is accurate and true to the best of my knowledge. I

also give Herman International Ministries the right to use my picture, voice and/or testimony in any form of promotional or advertising materials.

I am aware and understand that all internship funds raised are *non-refundable* and will be used in accordance with Herman International Ministries' 501 (c)3 tax-deductible charter. If for ANY reason a participant is unable to attend, or if the school is cancelled for extenuating circumstances, funds that have not been applied to the cost of the school will be held for one year to be used by the participant. I also agree that if for ANY reason I do not finish the program I am held responsible for any remaining tuition expenses.

My enclosed signature signifies my approval of all limitations listed. My signature insures that all information on this form is completely true and has not been altered in any way.

Date _____ **Signature** _____

I certify that I have personal health insurance for the providing of medical services to me which will provide coverage for me during the duration of the internship. I understand Herman International Ministries provides no health plan.

Yes

Company (**must provide copy of medical insurance card**) Policy #

Insurance Company Phone # Name of the Policy Holder

State of _____. County of _____. ***The notary fills out (this section)***

Before me, the undersigned, a Notary Public in and for said county and state on _____, 200__, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

NOTARY STAMP

My commission expires: __/__/__.

Notary Public