



Waiver/Agreement

In consideration for participation in the MSMT Medical Mission, I hereby, for myself and my personal representatives, waive and release any and all claims and rights for damages against MSMT and its Board of any illness or injuries suffered by me as a result of my participation in said event.

I attest and verify that I am physically fit, and have sufficiently condition for completion of this event.

Signature

Date

Witness Signature

Date