

**ACKNOWLEDGEMENT OF RISK,
RELEASE AND WAIVER OF LIABILITY**

TO: Team Broken Earth

RE: Participation as a Volunteer for Team Broken Earth in Haiti

I wish to participate as a volunteer for Team Broken Earth in Haiti from Nov 16 2013 to Nov 28 2013. I confirm that I am participating at my own choice and, intending to be legally bound, hereby acknowledge and agree to assume all risk of injury and loss of any kind whatsoever in participating as a volunteer.

1. I agree with Team Broken Earth that I shall be solely responsible for all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or in equity, resulting from any loss, personal injury, or property damage, or for the loss or theft of any property, however caused, as a result of, relating to or arising from my participation as a volunteer for Team Broken Earth in Haiti.
2. I hereby indemnify and save harmless Team Broken Earth and any of its affiliates, and their respective directors, officers, volunteers, members, agents, sponsors and/or representatives and their successors and assigns (collectively, the "Releasees") from and against all liability whatsoever resulting from any loss, personal injury, property damage, loss or theft referred to in the preceding paragraph. I hereby waive, release and forever discharge the Releasees, to the fullest extent permitted by law, from any and all claims, actions, causes of action, liabilities, judgments, obligations, damages, omissions, losses, penalties, or expenses of any kind or nature whatsoever (including legal fees) as a result of, relating to or arising from my participation as a volunteer for Team Broken Earth in Haiti, regardless of whether any such claim may have been caused or contributed by the fault or negligence of any of the Releasees.
3. I acknowledge that assisting with the activities carried out by or associated with Team Broken Earth as a volunteer, including but not limited to traveling to, temporarily living in and providing medical treatment and assistance and other volunteer services and activities in a foreign country, exposes me to inherent risks, dangers and hazards, including but not limited to personal injury, emotional injury, illness or disease, death, damage to or loss of property, crime and corruption, violence, hostage situations, terrorism, acts of God, war, civil unrest, and government restrictions. I further acknowledge that I am executing this document and participating as a volunteer in Haiti voluntarily and that I freely and voluntarily accept and assume any and all dangers, risks and hazards arising through participation in, observation of and/or mere attendance in Haiti as a Team Broken Earth volunteer. I understand that it is my responsibility to disclose to Team Broken Earth any condition or illness that may limit, restrict or otherwise affect my ability to assist with or participate in the activities offered by or associated with Team Broken Earth.

This Acknowledgement, Release and Waiver shall be binding upon me and my heirs, executors, administrators and assigns. I acknowledge that I have read and fully understood the content of this Acknowledgement, Release and Waiver and I agree to its terms. By signing this document I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.

SIGNED AND DATED this 17th day of SEPTEMBER, 2013.

[Redacted Signature]

Signature of Volunteer

[Redacted Name]

(please print name)

[Redacted Signature]

Signature of Witness

[Redacted Name]

(please print name)



CONSENT FOR THE RELEASE OF POLICE INFORMATION AND DISCLOSURE OF PERSONAL INFORMATION

Surname (Provide previous name(s) prior to application if applicable)		First Name		Second Name	
Maiden Name or Other Surnames Used (if applicable)		Place of Birth (If other than Canada, please also note date of entry to Canada)			
Date of Birth (YYYY/MM/DD)	Sex	Phone Number	Driver's Licence Number (required for driver record requests)		
Number	Street	Apt/Unit	City		
Previous Addresses if you did not reside at the above address for more than five years					
Number	Street	Apt/Unit	Province	Postal Code	
Number	Street	Apt/Unit	City	Province	Postal Code
Have you ever been convicted of a criminal offence for which a Pardon has not been issued in Canada? If yes, please complete the attached Declaration of Criminal Record form				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Note: Information is collected and disclosed according to municipal, provincial and federal privacy legislation.

<p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p><input checked="" type="checkbox"/> Criminal Record (Adult)</p> <p>RELEASE AUTHORIZATION AND WAIVER</p> <p>Authorization to Release Clearance Report or Any Police Information I certify that the information I have supplied is correct and true to the best of my knowledge. I consent to the release of a Criminal Record or any Criminal Information to ISB Canada and its partners, and to the Organization Requesting Search named below and its designated agents and/or partners. All data is subject to provincial, state, and federal privacy legislation.</p> <p>I hereby release and forever discharge all members and employees of the Processing Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself or as a result of the disclosure of information by the Processing Police Service to ISB Canada and its partners.</p> <p>I am aware and I give consent that the records named above may be transmitted electronically or in hard copy within Canada to ISB Canada and also to the country from where the search was requested as indicated below.</p> <p>Signed this <u>17th</u> day of <u>September</u>, 20<u>13</u></p> <p>_____ Signature of Applicant</p> <p><u>Medi-shaw</u> Print Name of Organization Requesting Search</p> <p><u>Megumi FC</u> Location (Country) of Organization Requesting Search</p> <p>_____ Print Name of Organization Representative</p> <p><small>Signature - I verify that I have viewed the Applicant's two pieces of ID (photoed) and verified the signature. SIN CARD WILL NOT BE ACCEPTED AS A FORM OF ID</small></p>	<p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p><input type="checkbox"/> Driver Record/Abstract, Please specify Province _____</p> <p><input type="checkbox"/> Check DL License Verification</p> <p><input type="checkbox"/> Insurance History</p> <p><input type="checkbox"/> Consumer Credit Report</p> <p>RELEASE AUTHORIZATION AND WAIVER</p> <p>Authorization to Release Personal Information I certify that the information I have supplied is correct and true to the best of my knowledge. I consent to the release of the records described above to ISB Canada and its partners, and to the Organization Requesting Search named below and its designated agents and/or partners. All data is subject to provincial, state, and federal privacy legislation.</p> <p>I hereby release and forever discharge all agents from any claims, actions, demands for damages, injury or loss which may arise as a result of the disclosure of information by any of the information sources including but not limited the Credit Bureau or Department of Motor Vehicles to the designated agents and/or their partners and representatives.</p> <p>By signing this form, I am aware and I give consent that the records named above may be transmitted electronically or in hard copy within Canada and to the country from where the search was requested, as indicated below. By signing this waiver, I acknowledge full understanding of its content.</p> <p>Signed this _____ day of _____, 20____</p> <p>_____ Signature of Applicant</p> <p>_____ Print Name of Organization Requesting Search</p> <p>_____ Location (Country) of Organization Requesting Search</p> <p>_____ Print Name of Organization Representative</p> <p>_____ Signature of Organization Representative</p>
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I hereby give my permission to the University of Miami, on behalf of the Hospital, to consult with any and all persons or entities needed to verify the information provided on and submitted with this form and to request and inspect all documents that may be material to an evaluation of my credentials and qualifications which the University, Project Medishare, or The Hospital in its discretion may deem appropriate.

I do hereby release and hold harmless the University of Miami, its Trustees, Officers, Directors, Faculty and Employees, and any other participants or affiliates in the Haiti Mission, including but not limited to the UM Global Institute/Project Medishare (hereinafter collectively referred to as "releases") from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which the participant may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of the University of Miami, of persons acting on its behalf or otherwise, and any other releases.

I release from liability all representatives of the University of Miami, The Hospital, and the releases, for their acts performed and statements made, in good faith and without malice, in connection with evaluating my credentials and qualifications and further release all individuals and organizations who provide information, including otherwise privileged or confidential information, in good faith and without malice, concerning my professional competence and background.

In full recognition and appreciation of the dangers and hazards involved in such activity, I do hereby agree to assume all risks and responsibilities surrounding my participation in this event, including but not limited to any and all foreseen, unforeseen, known, or unknown risks to my health, safety, or professional status. I acknowledge that I have obtained whatever information I deemed necessary regarding any risks and have taken whatever steps in my sole judgment and discretion I deem appropriate to protect against such risks. In so doing, I have not been relied upon and otherwise disclaim any advice, information, representations or warranties by the releases.

I verify that I have any and all professional licenses necessary to provide professional care and treatment and that those licenses are valid, clear, and active.

I verify that I have no criminal charges or convictions or other criminal and regulatory disciplinary actions, either final or pending, that would prevent me from providing services at The Hospital.

I verify that I have no health conditions of which I am aware that would prevent me from providing services at The Hospital.

I also verify that I am aware of any and all applicable travel requirements, restrictions, and warnings; have taken whatever precautions I deem necessary for my personal health and safety; and that I have in my possession valid travel documents and am otherwise authorized to travel out of the country and to provide aid services in Haiti.

I acknowledge that the releases do not, in any manner, serve as principal, agent, or partner of any person or entity which may provide services or accommodations to those participating in this mission, including any common carriers or any other person or entity providing services or accommodations in Haiti and that I am acting at all times as an independent volunteer and not in any capacity as an agent, servant, or employee of the releases.

I acknowledge and agree that I am participating in this mission voluntarily and based upon a full and express assumption of all risks of loss, either to me personally or from claims of third parties; that I will not seek to recover from the releases for any harm to myself or to others for which I may be liable; and that to the extent I deem it appropriate I have through self-insurance, insurance or otherwise, provided for protection against such risks.

I acknowledge that any material misstatements in or omissions constitute good cause for summary removal of any and all permissions or privileges I may have.

I acknowledge and agree that any agreement that may be entered into by The Hospital and/or any affiliate, based on this form may, at the sole option of The Hospital or its affiliates be deemed void and ineffective if any of the preceding information is not complete, true and accurate.

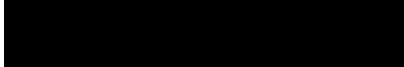
I further acknowledge that I have read and understand this release and voluntarily sign this document.

I hereby state, under penalty of perjury, that all the information I provide on this application is true, complete, and accurate.

DATE: 11/01/2013



PRINTED NAME



SIGNATURE

In the event of an emergency:


I (print name)  _____

Authorize Project Medishare staff to please contact:

NAME  _____

ADDRESS  _____



TELEPHONE  _____

NAME _____

ADDRESS _____

TELEPHONE _____

Please review the policy on photography and videography. There have been situations where individuals took and posted inappropriate/graphic images of patients and volunteers. Ethical standards of healthcare apply to Haitians in this catastrophe, just as they do in the United States. We now require this document to be signed as part of the volunteer packet. We appreciate your understanding and cooperation.

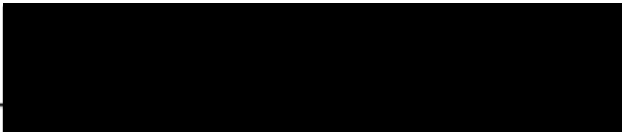
RESTRICTIONS ON PHOTOGRAPHY AND VIDEOGRAPHY

Out of respect to our patients, volunteers, and coworkers, photography and videography is restricted to personal use, and must be used for legitimate, academic, or scientific uses.

Photographs/videos of patients in pain or suffering, and/or any photography/video taken under objection by any patients, volunteers, or coworkers are PROHIBITED.

In exchange for the ability to work within our facility, you agree:

1. Not to publish any videos or images without the written permission of Project Medishare/UM Global Institute.
2. To not use any images in any way that would be deemed offensive to any of the parties in the photograph or to Project Medishare/UM Global Institute.
3. To promptly remove photographs/videos from any publication upon request.
4. That UM Global Institute/Project Medishare and its agents may photograph or record you on film, videotape, digital media or any other format and you give permanent and irrevocable permission for the photographs to be published in any media format for any use.



Printed Name of Participant



Signature

Date