



FACE THE CHALLENGE, INC.
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*Surgically Correcting Facial Deformities
of the World's Youngest and Poorest*

Acknowledgement of Risk & Release of Liability For Surgical Trip Participants - Please Read Before Signing

Face the Challenge, Inc. (FTC) has attempted to minimize risks to surgical trip participants and to assure their experiences are personally rewarding. FTC wishes, however, to inform our participants that surgical missions, by nature, are not without risk. The undersigned acknowledges that during the said surgical mission trip that the Applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to:

The hazards of traveling by plane, boat, train, automobile, or other conveyance, accidents, encountering the country's inhabitants in close contact and crowded conditions, providing medical/surgical care in potentially-compromised clinical settings, experiencing physical demands and fatigue/jet lag, consuming local food and drinks, encountering cultural, language, and religious differences, and exposure to temperature extremes, environmental hazards, forces of nature, and criminal and terrorist elements,

all of which can cause loss or damage to personal property, injury, illness, or in extreme cases, permanent physical or psychological damage and/or injury, or even death.

All FTC team members will be provided with group medical evacuation insurance, namely International SOS Assistance, for the duration of his/her travel experience. *(This medical evacuation insurance expense will be included in the total trip cost.)* The undersigned, however, understands that should medical treatment be necessary, it may be several hours to days away.

I certify that I am completely healthy (physically, mentally, and emotionally) and capable of participating in this surgical mission trip. I have listed on the Health History Form any medical condition of which FTC should be aware that may hinder my participation in the activities selected. However, I understand that it is solely my responsibility to

determine whether there is any medical reason that I should not participate in the selected activities related to the surgical mission.

In consideration of, and as part payment for the right to participate in such a surgical mission and the services arranged for me by FTC, its Boards of Directors and Advisors, Volunteers, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my surgical mission participation in any other activities arranged for me by FTC, its Boards of Directors and Advisors, Volunteers, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I, my heirs, or my executors cannot sue FTC and if I do, I, my heirs, or my executors cannot collect any money. In addition, I, my heirs, or my executors will be liable for Attorney and Court fees associated with any litigation against FTC. I also state that I am not under, and will not be under the influence of any chemical substance. I will not be under the influence of alcohol during the hours of performing the surgeries, and if I so choose, I will drink alcohol only "in moderation". I also understand that my participation in this FTC surgical mission is entirely VOLUNTARY. I enter into this surgical mission and take full responsibility for my decision to participate, or not to participate, and agree to follow all safety instructions and policies as set forth by FTC. I authorize and release to FTC the use of my image in any photographs for any purpose of FTC.

Name Of Participant (please print)

Signature Of Participant/Or Guardian (if participant is under 18 years of age)

Date

Signature Of Witness

Date

Please sign this form and return by mail or fax to Face The Challenge.