



**NEW FRONTIERS**  
— HEALTH FORCE —

**RELEASE OF LIABILITY TO NEW FRONTIERS HEALTH FORCE, INC.**

Name: \_\_\_\_\_ Passport #: \_\_\_\_\_ Expires: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**RESPONSIBILITY:** NEW FRONTIERS HEALTH FORCE, INC., its Board, agents, servants and employees, herein after "NFHF", acts only as an agent for the Traveler in connection with all aspects of Traveler's tour to \_\_\_\_\_ commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and it is understood and agreed that NFHF assumes no liability for injury, damage, loss, accident, medical expenses, delay or omissions or through the acts or omissions of any company or persons engaged by NFHF for the purpose of, transporting or housing Traveler, or in carrying out the arrangements of the tour. NFHF accepts no liability or responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to NFHF to substitute living accommodations of similar quality to those specified in the itinerary and to cancel any tour prior to departure, in which later case a full refund (less the non-refundable fees and any fees imposed by travel arrangements) will constitute full settlement to Traveler. No refund will be made for any unused portion of the tour unless arrangements are made prior to departure from the United States and all guidelines are followed. Failure to comply with the **VOLUNTEER AGREEMENT** may result in disciplinary action including NFHF's right to dismiss the traveler from the tour at the Traveler's own expense.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT IT IS A FULL AND COMPLETE RELEASE OF LIABILITY OF NFHF.

\_\_\_\_\_  
TRAVELER SIGNATURE

\_\_\_\_\_  
DATE

**NOTARY:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, the person described in and who executed the foregoing Agreement and Release of Liability, and acknowledged before me that it was executed for the purposes therein expressed.

\_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_  
Commission Number: \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_