



**HEART CARE INTERNATIONAL, INC. LIABILITY RELEASE FORM**

I, \_\_\_\_\_, do hereby release Heart Care International, Inc., its agents, directors, officers, representatives, employees, staff and volunteers from any and all responsibility involving my health, safety, or property during or related to the medical missions to the Dominican Republic, El Salvador, Mexico, Honduras, Guatemala, Ecuador, Peru (individually, a “Host Country”) which I attend during the period from January 1, 2026, through December 31, 2027, or anything arising there from. I understand that these risks could include kidnap and ransom.

I hereby take full responsibility for obtaining at my sole expense all necessary immunizations for travel to the applicable Host Country, including, without limitation, a COVID-19 vaccine and any COVID-19 tests required by the applicable Host Country or my home country.

I will be responsible for the cost of my transportation to and from the airport (including parking if applicable) from which I depart and arrive. I understand and agree that Heart Care International may deem it necessary to financially support only a portion of my airfare and hotel expenses.

I will also be responsible for obtaining and maintaining any personal health, life, accident, disability and or liability insurance for myself and/or my belongings for the period of time that I am on a medical mission.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Notary Commission Expires: \_\_\_\_\_

[In order for this form to be valid, it must be duly executed and notarized.  
Thank you for your cooperation.]