## Vision For Chile

## Release of Liability

In signing this form, I,		, agree not to hold
Vision For Chile, its officers, board members, of		
damage, or accident that I might encounter while	e on one of their mission	trips.
I realize and acknowledge that my participation many risks and possible dangers. I am well awar exposes me to such risks as accidents, disease, w projects, and other calamities.	re that my travel to such	a foreign country
I hereby assume any such risks that might result unconditionally agree to hold <b>Vision For Chile</b> , blameless for any liability concerning my person personal property that might be lost, damaged, or	its officers, board membral health and well-being	pers, or other agents g, or any liability for my
I have carefully read the foregoing and I underst <b>Chile</b> , its officers, board members, or other ager loss, accident, delay, or irregularity in schedule.	• •	
I understand that this waiver also includes, (inser_as a who		
agents.		1 0
0. 1	1.1.4.1.1.1	1
Signed, 20	and dated this	day of
WITNESSED BY:		
STATE OF		
COUNTY OF		
On this day of	, 20_	_, before me personally
appeared	to be kr	nown to be the person(s)
who executed the above release, and acknowled voluntarily executed the same.	ge that	
who executed the above release, and acknowled	ge that	
who executed the above release, and acknowled voluntarily executed the same.		