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I hereby acknowledge the potential risk associated with international travel and the fact that injury, death, or disease might occur during or as a result of my voluntary service on any Brown Medical and Educational (MAE) Foundation trip. I completely understand these risks associated with trip and/or event participation may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I acknowledge the above liabilities and confirm I am going on this trip in good faith. I do not hold Brown MAE Foundation liable for any mishap that may occur and willingly assume these risks. I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Brown MAE Foundation, for any and all causes in connection with the activities of the above organizations and individuals on the trip.

I understand that the Brown MAE Foundation may publish photos and testimonies of participants on this mission, including myself as a participant.

I understand the information I submit to the Brown MAE Foundation will be provided to the Brown MAE Foundation's partners, missions personnel and project and/or team leaders.

By submitting this form, I affirm my complete agreement with the above Brown MAE Foundation terms and waivers.

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Signature with name printed

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Date signed