

*TPMF Hold Harmless, Waiver of Liability, & Emergency Medical Care  
Authorization*

I, \_\_\_\_\_ (participant name) and my family (names) \_\_\_\_\_,  
of \_\_\_\_\_ (address), in consideration of the opportunity to participate in  
the Texas Podiatric Medical Foundation Medical Mission to San Miguel de Allende and surroundings during  
June 17-26 and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Texas Podiatric Medical Foundation, all of its entities, their staff members, successors, assigns, officers, agents, representatives, board members, and entities (hereinafter referred to as "TPMF") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program. Further, I do hereby agree to fully indemnify and hold costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against TPMF related to the Mission.
5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Program, I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release TPMF, in making those emergency medical care decisions, from any and all liability associated with said decisions.
6. Furthermore, the undersigned gives TPMF and its agents permission to take and use photos, videos, stories, or any other recording of such participant or such participant's likeness for promotional or other purposes.
7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Signature of Participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent , if participant is a minor: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Emergency Contact In The US: \_\_\_\_\_

Passport Number: \_\_\_\_\_

All physicians/medical personnel must attach a copy of their license.

Return to : TPMF - Fax 888-394-1123 or [Krista.richter@yahoo.com](mailto:Krista.richter@yahoo.com)