

WAIVER AND RELEASE

I, _____, will volunteer in the 1000 Smiles Dental program which is being facilitated by Great Shape! Inc, and the International Smile Power Foundation, both USA nonprofit corporations. The project will take place in Jamaica, West Indies. My participation will take place between _____ and _____, 20__ and will involve the direct delivery of dental services and in some cases education of oral hygiene. Great Shape! Inc. has arranged for meals and lodging in Jamaica, as well as particular community and educational based activities in which I will participate.

I have been advised generally by Great Shape! Inc. with regard to the living conditions in Jamaica and the nature of my volunteer work. I am aware that working and living conditions in third world countries and particularly in Jamaica, such as but not limited to accommodations, transportation, communications, hustling, theft, and possible violence from those less fortunate than I, can be more difficult and more dangerous than in the United States. Despite these potential difficulties, and in part because of them, it remains my desire to participate in the program.

In consideration of the opportunity afforded me by Great Shape! inc. to participate in this program in Jamaica, and in recognition of the possible danger to which I may voluntarily subject myself in activities and conditions other than my normal lifestyle, I hereby knowingly, freely and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of the program, from which any liability may or could accrue to Great Shape! Inc., or its assistants, or agents individually; International Smile Power Foundation or its staff, assistants or agents individually; the Jamaican Ministry of Health or Sandals Resorts, or any other body or corporate entity that may afford me any occasion or opportunity to observe or participate in any activity within their control. Therefore, I hereby release Great Shape! Inc, International Smile Power Foundation, Jamaican Ministry of Health and Sandals Resorts International and their staff, volunteers, assistants or agents individually from any present or future claims, including but not limited to negligence, for property damage, personal injury or wrongful death, or any other loss of any kind whatsoever, arising from my participation in the program.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which might otherwise be or become available to me.

Signed this _____ day of _____(month), 20____.

in the presence of two witnesses whose signatures appear below.
