



VOSH-ONE

Volunteer Optometric Services to Humanity-of New England (www.VOSH-ONE.ORG)

Information and Legal Release Form for all VOSH-ONE eye-care mission participants

To be filled out by each participating family member.

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Arrival: _____ Flight #: _____ Return U.S: _____ Flight #: _____

Passport number: _____ (include copy of passport photo page)

Emergency Contact Information

Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Evacuation Coverage

Organization: _____ Policy#: _____

Effective dates: Start: _____ End: _____

Emergency phone: _____

I hereby release VOSH-ONE, it's leaders, officers and other designated personnel from responsibility for any accident, injury, sickness or death and / or loss or damage to material items occurring during, or as a result of, the eye-care mission to _____ from _____ to _____.

I further authorize VOSH-ONE and its designees to release any stories, pictures or videos of my participation in the mission to any newspapers, radio, television or other media.

I further understand that should it be necessary for the mission to be cancelled or if I cancel out of the mission , funding of airfare and other related charges, costs, fees and assessments would be my responsibility and that VOSH-ONE and it's mission leaders will not be responsible in any way for the refund of said monies.

I have read and agree with the terms set forth herein and I am participating in the mission voluntarily with no expectation of re-imbusement or re-numeration of any kind.

Signature: _____ Name: _____ Date: _____
(Must be signed by parent or guardian if participant is under 18)