



# ANCOP Foundation (USA) Inc.

"Proclaiming Christ - Transforming Communities – Uplifting Lives"

## ANCOP-USA 2019 Chiapas Mexico Medical Mission Volunteer Form

In consideration of accepting this **Volunteer Form**, and granting of the right to participate, I the **undersigned**, intending to be legally bound, hereby, for myself, my heirs, personal representative, successors, and assigns, release, waive and forever discharge any and all claims for losses and damages I may have against the **ANCOP-USA Medical Mission Committee**, ANCOP Foundation (USA) Inc., ANCOP-USA Medical/Dental Mission Volunteers, Mission Sponsors, City Government & **other LGU's** hosting this event, City and Provincial Police, their representatives, successors and assigns and/or any other **person(s)** whomsoever, for any and all injuries, illnesses, including death, that may result from my participation in this 2019 **ANCOP-USA Medical Mission(s)**. I represent and affirm that I am in proper physical condition to participate in this **event(s)**. I also understand that any sponsor may use my name and/or pictures taken during this event for publicity of the ANCOP Medical/Dental Mission, and/or ANCOP Foundation (USA) Inc., without obligation or liability to me. By submitting this **duly-signed Volunteer Form**, I acknowledge having read, understood and agree to the above waiver, release, and **indemnity provisions**.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date