

# APPNA Liability Release Form

## Volunteer Physicians

For: APPNA Physician-Members

RE: Muzaffarabad Mission

I, \_\_\_\_\_, state that I am going to participate and volunteer my medical services and training in the APPNA Medical Corps (AMC) Mission to Muzaffarabad taking place on dates \_\_\_\_\_. I state that I am participating in this mission to help patients in Muzaffarabad based upon my area of medical practice. I state that I am participating in this mission of my own free will in a completely volunteer capacity; that I will use my skills as a physician to assist the patients therein.

I understand that I am responsible for mine and my family member's well-being while participating in this mission and I understand that APPNA is not responsible for our safety, nor liable for any legal or medical issues that may arise during or as a result from the volunteer mission. I agree that APPNA will be held harmless if there were any issues; those issues being medical, physical, emotional, etc., that were to arise during the volunteer mission. I understand that APPNA will not be able to ensure safety on this volunteer mission and by signing this document I agree that APPNA is to be released of any and all liability were an incident to occur.

I understand that this mission is of a voluntary nature, collaborated by a non-profit and that I am responsible for all of mine and my family's financial costs and expenses incurred. I also state that I have the required training and medical credentialing to care for the patients that I will see while on the mission.

### Volunteer Physician:

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

### APPNA:

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

Please return signed form to:

**APPNA**

**6414 S. Cass Ave**

**Westmont, IL 60559**

**Fax: (630) 981-5229**

**Email: [projects@appna.org](mailto:projects@appna.org)**