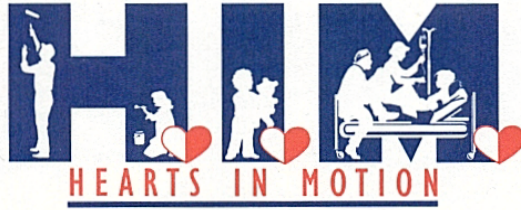


**Karen Scheeringa
Executive Director**



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Hearts In Motion Release Form

I, _____, residing at _____, hereby release Hearts In Motion, its agents, representatives, staff, and members from all responsibility involving my health, safety, or personal belongings for the planned medical trip to _____ on _____ through _____.

I take full responsibility for obtaining all my immunizations and their costs. I will also be responsible for my transportation to and from the point of departure at _____.

By signing this document, I have released Hearts In Motion and its authorized agents, representatives, staff and members of all these responsibilities and liabilities.

Signature

Date

Phone Number