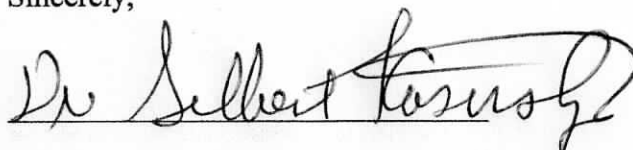


Dear Volunteer:

We, at Medical Care International, would like to thank you for your interest in becoming a part of our organization. As a member of one of our volunteer medical missions, you will have the opportunity to effect change in needy communities on an international level. We are very grateful for your participation and generosity.

Below please find our standard Release and Indemnification Agreement. Please review, sign, and return the Agreement at your earliest convenience. Thank you for your attention to this matter.

Sincerely,



Release and Indemnification Agreement

I, _____, understand that the nature of volunteer activities that I may perform in my capacity as a volunteer for Medical Care International may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property.

I hereby assume full and complete responsibility for any personal injury (including death) and/or property damage that I sustain or cause during my participation as a volunteer. Furthermore, I hereby release Medical Care International, and any of its agents, from any and all loss, liability, or claims I may have arising out of my service as a volunteer.

I further agree to indemnify and hold and save harmless Medical Care International, and any of its agents, against any and all loss, liability, claims or expenses (including reasonable attorneys' fees) resulting from my participation in the volunteer medical mission.

I understand that the scope of this Agreement includes any claims based on the negligence, action, inaction, or omission of Medical Care International and its agents and covers bodily injury (including death) and/or property damage, before, during, and after participating in the volunteer medical mission.

By signing and submitting this Agreement, I acknowledge my having read, understood, and voluntarily agreed to the above terms and conditions.

Signature

Date