

WAIVER OF LIABILITY AND INDEMNITY

Facilitator, BAC Medical Tourism

I, the undersigned, understand, acknowledge and agree that:

1. Participation in medical treatment and / or surgical procedures involves serious inherent risk(s);
2. There are additional serious risks inherent in travel and in participation in medical treatment and / or surgical procedures in jurisdictions outside of the U.S. or Canada;
3. Facilitator, BAC Medical Tourism, has not at any time:
 - a) provided medical advice or recommendations to me;
 - b) assessed my fitness for the purposes of travelling or undergoing any medical treatment and / or surgical procedures;
 - c) approved or endorsed any medical treatment or procedure;
 - d) made any guarantees or promises of benefits or cures from therapeutic procedures;
4. Facilitator, BAC Medical Tourism, does not employ medical professionals or any other personnel who may be relied upon to give medical advice, assessments, recommendations or endorsements at any time during my medical travel. All medical services are provided by medical professionals who are not in the employ of Facilitator, BAC Medical Tourism;
5. Information is provided for educational and informational purposes only, and is not intended to be a substitute for a health care provider's consultation. Please consult your own doctor or appropriate health care provider about the services offered. Facilitator, BAC Medical Tourism, is in the business of facilitating travel for medical purposes, and this may include the collection of monetary funds from patients and transfer to healthcare providers;
6. Facilitator, BAC Medical Tourism, does not recommend, endorse or provide any specific test, products, or procedures of a medical nature. Reliance on any information or referrals provided by Facilitator, BAC Medical Tourism, is solely at your own risk;
7. My travel to _____ and my medical treatment and / or surgery in _____ are undertaken solely at my own risk;
8. Any complications arising from therapeutic procedures will be charged extra to the package price and solely my financial responsibility, including, but not limited to, additional medical treatment or further hospitalization. I understand that a pre-authorized credit card imprint will be taken prior to surgery in case complications arise from therapeutic procedures.

9. Doctors and healthcare providers do have the right to refuse treatment based on their initial health assessment, and this is in no way reflects on Facilitator, BAC Medical Tourism, who is strictly a facilitator of information provided by the patient.

THEREFORE, and in any event, I hereby waive, remise, release and forever discharge Facilitator, BAC Medical Tourism, and its officers, directors, shareholders, servants, employees and agents, and the successors of and from every and any claim of any nature or kind whatsoever that I have, can, shall or may hereafter have, including, without limitation, claims, demands, damages, actions, causes of actions, costs and expenses arising out of or relating to my death, injury, loss or damage (such as disability, loss of capacity, pain and suffering, medical or surgical complication), howsoever caused, arising directly or indirectly out of or in connection with my travel to, from, or within _____ or any medical treatment and / or surgical procedures undergone by me in _____;

AND I agree to save and indemnify Facilitator, BAC Medical Tourism, from and against every and any claim of any nature or kind whatsoever that any third party can, shall or may hereafter have against Facilitator, BAC Medical Tourism, including without limitation claims, demands, damages, actions, causes of actions, costs and expenses arising out of or relating to my death, injury, loss or damage (such as disability, loss of capacity, pain and suffering, medical or surgical complication), howsoever caused, arising directly or indirectly out of or in connection with my travel to, from, or within _____ and/ or any medical treatment and / or surgical procedures undergone by me in _____.

This Waiver of Liability and Indemnity shall be and is binding upon me, my heirs, executors, administrators, successors and assigns.

By signing this document, I confirm that I have read and understand it.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING AS IT CONTAINS PROVISIONS WHICH SIGNIFICANTLY AFFECT YOUR LEGAL RIGHTS AND IMPOSES RESPONSIBILITIES UPON YOU.

SIGNED on _____, 20__ in the City/Town of _____,
in the State of _____.

Witness

Client's Signature

Name: _____

Name: _____

Address: _____

Address: _____
