



## WAIVER OF LIABILITY

I \_\_\_\_\_, HEREBY ABSOLVE FCIM OF ANY LEGAL OR  
Traveler's Name

MEDICAL LIABILITY RELATED TO DOMESTIC OR INTERNATIONAL TRAVEL  
AND ATTEST THAT I AM BOTH PHYSICALLY AND MENTALLY ABLE TO  
PERFORM DUTIES AND ACTIVITIES RELATED TO THE MISSION.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO USE AND AGREE TO  
INDEMNIFY AND SAVE AND HOLD HARMLESS FCIM FROM ALL LIABILITY,  
CLAIMS, DEMANDS, LOSSES, OR DAMAGES.

I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES  
FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY,  
DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_