



Date Request & Support Form

Clinic Date Request

Clinic Schedule: Monday through Thursday: 9 am – 3:30 pm. 8-5 w/ travel time

Doctor Name(s) up to 4 doctors Doctor's Email Address

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

Will you be bringing an assistant(s)? YES NO

Assistants can be staff, a spouse or teen (16+), or friend. 2nd assistants are welcome when space is available. Team goal is 4 doctors & 4 assistants/week; Minimum team is 2 Doctors.

Assistant Name(s)

Email Address

Dental Experience

1	_____	_____	Expert / Some / None
2	_____	_____	Expert / Some / None
3	_____	_____	Expert / Some / None
4	_____	_____	Expert / Some / None

Please indicate **2 preferred dates** for your week of service in the clinic.

1st Date Choice Monday Date _____, Month _____, 20____

2nd Date Choice Monday Date _____, Month _____, 20____

Clinic Financial Support

Each volunteer doctor is also asked to give a \$1000 min., tax deductible donation which goes 100% to clinic operations.

Your donation covers clinic operations for your week, including: supplies, equipment maintenance, and clinic up keep. No additional donation is needed for any staff or family member volunteers.

\$1,000 I'd like to donate and additional \$ _____

I authorize Open Wide Foundation to charge my _____

_____	_____	_____	_____	_____
Name	Address	City	State	ZIP
_____	_____	_____	_____	_____
Card # (AmEx/Visa/MC Accepted) Exp.	Address	City	State	ZIP
<input type="checkbox"/> Please charge my card in # _____ monthly payments.	_____	_____	_____	_____
_____	_____	_____	_____	_____
Email Address	_____	_____	_____	_____



Individual Waiver

Individual Release & Waiver Form

I, _____ acknowledge and agree that:

I am voluntarily making a humanitarian service trip to a foreign country. The destination for this trip is Guatemala, Central America.

I understand that although the trip's details were arranged by Open Wide Foundation; I am responsible for all of my costs and expenses associated with the trip. I also acknowledge that I will not be receiving any type of payment from anyone for services performed on the trip.

As with any out of country travel, I understand that I may be exposed to conditions such as, but not limited to: adverse travel conditions, natural phenomenon, accidents, disease or illness, possible lack of specialized medical treatments, and other various risks that may not be anticipated at this time.

In consideration of the Foundations and volunteers arranging this trip, on behalf of myself, my heirs, executors, administrators and assigns, I release and discharge the Foundation, all volunteers and all other persons connected with this trip, from all claims, demands, action or causes of action, due to any injury, illness or harm up to and including death that may occur from any cause during the trip.

I will not make any claim, sue or seek to sue for any damages, or anything related to the trip, against the Foundation, volunteers, their employees, agents, officers and directors, families, or any other person or legal entity connected in any manner with the Foundation.

If this trip is postponed or cancelled, I will not seek reimbursement from the Foundation, volunteers, their employees, agents, officers, directors, families, or any other person or legal entity connected with the Foundation.

Participant Signature Date: _____, 20____

Parent or Guardian (for minor participant)