



APPLICATION FOR MEDICAL TEAM DONATION

Return application to...
medteams@medshare.org or 770-323-4301 (Fax)

+1.770.323.5858

If you are requesting supplies from Medshare International to carry as extra baggage on an overseas flight, or if you would like to receive a domestic shipment of less than a container load for use overseas, please fill out the application below.

Date _____

1. YOUR DESTINATION*

Please provide information about the institution, facility, or location where you will be utilizing the donated supplies.

Name of Facility _____

Address _____

City, Town, or Region _____

Country _____

2. PRIMARY CONTACT*

In the section below, please provide information about the primary contact for this donation. Medshare may contact this person to schedule an appointment to pick up the supplies, or to coordinate shipping of the supplies if necessary. A thank-you letter for any sponsorship donation given to Medshare will be sent to the address provided here unless otherwise requested.

Name_____

Title_____

Organization or Facility_____

Address_____

Phone_____ Fax_____ Email_____

3. MEDICAL PROFESSIONAL RESPONSIBLE FOR THE SUPPLIES RECEIVED*

In the following section, please provide the requested information about the medical professional, either traveling or at the destination facility, who will take responsibility for the donated supplies. If there is no medical professional associated with your trip, Medshare may limit the types of supplies we can provide. *If the medical professional responsible for the supplies received is the same as the primary contact person, you may skip this section.*

There is a medical professional and her/his information is below

There is a medical professional the s/he is the same if the primary contact

There is NO medical professional associated with this trip.

Name_____

Title_____

Organization or Facility_____

Address_____

Phone_____ Fax_____ Email_____

5. TRIP DETAILS

Departure Date* _____ Return Date* _____

Date Supplies Needed* _____

Approximately what volume of supplies would you like to request from Medshare? (You can express this figure as number of suitcase loads, number of boxes, maximum weight, etc...)

Briefly describe the nature of your trip* _____

Type of organization to which you belong (if applicable)*

____ 501(c)3 Non-profit Organization (please attach)

____ Faith-based Organization

____ Other(Specify) _____

What are the major health problems to be treated during this trip?*

What is the estimated number of patients to be treated during this trip?

Please describe the population and environment of the area with regard to livelihood, language, cultural history, etc...*

6. FEEDBACK INFORMATION

Have you or other group members received assistance from Medshare before?

Yes. If yes, when? _____

No

Don't know.

How did you hear about Medshare? _____

AGREEMENT*

7. RECIPIENT

Please read and sign the agreement for receiving supplies below.

Name of Overseas Requesting Institution _____

Contact Person _____ Country _____

Contact Person in US _____

Organization in US _____

Medical Professional _____

I guarantee that the supplies I receive, as donations from Medshare International, Inc. will be administered by the medical professional listed above or by others under his or her direction for the benefit of those served by the institution above. I understand that these supplies are donated and as such have no commercial value and that the items are not to be sold, resold, or exchanged for profit or gain. I further attest that I have read and agree to receive donated items from Medshare according to the stipulations below.

Signature _____ Date _____

The medical supplies, equipment, materials and other items available from MedShare International are items that would have been discarded or otherwise disposed of by hospitals or health care providers in the United States. These Materials are being made available strictly on an as is basis for humanitarian use in circumstances in which sufficient alternative sources of such resources are not available. The recipient organization recognizes that MedShare and the donor facilities do not make any representations or warranties, either express or implied, as to the condition of the Materials, and further recognizes that MedShare and the donor facilities make no representations or warranties, express or implied, that the Materials are fit, appropriate, free from defects, sterile, pure, operable, or otherwise suitable for any intended purpose. The recipient organization accepts the Materials as is, with all faults, and acknowledges that the inspection for any defects and the safe operation of said Materials is solely the responsibility of the recipient organization. Each recipient organization, recipient facility, and responsible manager of such entities assumes full responsibility for making an independent determination of the appropriateness of the Materials (or any part thereof) before using them, and for discarding any Materials which are not appropriate for use. Under no circumstances shall MedShare, the manufacturer or distributor of the Materials, or any United States hospital or health care provider that ever owned or used the donated equipment, be liable to recipient organization or anyone for any direct, special, indirect, incidental, or consequential loss or damage resulting from the Materials or their use. To the maximum extent permitted by law, the recipient organization fully accepts and assumes all risks and all responsibility for losses, costs, and damages that the recipient organization, its agents, representatives, members, directors, officers, employees, agents, contractors, patients, and transferees may incur as a result of the Materials or their use, including without limitation personal injuries, illness, damage, loss to property, and death.

MedShare and the recipient organization recognize that this agreement shall release MedShare and the donor facilities from any and all liability for personal injury and/or any other type of injury arising from the use of the Materials. The recipient organization acknowledges that the consideration for this release and indemnification is the donation of the Materials themselves. By making an application for the receipt of such Materials and by accepting such Materials, the recipient organization, to the maximum extent permitted by law, fully releases, acquits, and forever discharges MedShare, the donor facilities, and each and every past and present subsidiary, affiliate, officer, director, agent, servant, employee, trustee, and representative of MedShare and the donor facilities from any and all loss, damages, claims, causes of action, suits, debts, liens, obligations, liabilities, demands, costs and expenses of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, which might arise from or be related or associated in any way with the Materials or their use, including but not limited to any injury, illness, disease, property damage, death, or loss of any nature suffered or sustained in connection with the use or possession of the Materials. To the maximum extent permitted by law, the recipient organization also agrees to indemnify, save, and hold the Released Persons and Entities harmless for any loss, damages, claims, causes of action, suits, debts, liens, obligations, liabilities, demands, costs and expenses (including attorneys fees) of any kind, character, or nature whatsoever, known or unknown, fixed or contingent, which may be incurred arising out of or related to the use or possession of the Materials, regardless of the nature or the extent of the injury, illness, disease, property damage, death, or loss, and regardless of whether it results from the negligence of the Users or of the Released Persons and Entities.