



MDRS Crew Health, Protection & Safety

MDRS Medical Waiver

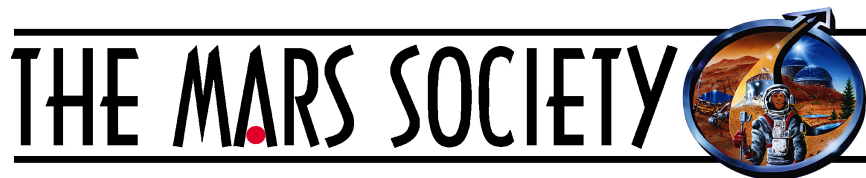
I, _____, have chosen to participate in the Mars Desert Research Station (MDRS) program of The Mars Society, Inc.

I understand that one or more physicians ('Flight Surgeons') will be on-call to provide remote and telemedicine health care during my participation, and that I may elect to have any injury or illness diagnosed and/or treated by the Flight Surgeon on-call by telemedicine. I understand that I may be advised to leave the MDRS to seek further diagnosis and/or treatment if the Flight Surgeon on-call suggests that it would be advisable for any reason (for instance, if the injury is severe or requires diagnostics/medication not available in the MDRS). I further understand that I may elect to seek diagnosis and/or treatment outside the MDRS at any time for any reason.

By my signature below I agree to fully and forever release, indemnify and hold harmless The Mars Society, its agents (including Flight Surgeons), servants and employees from any and all claims, demands, or damages resulting from or arising out of participation in this simulation.

Signature

Date



Authorization for Release of Medical Information

I understand that one or more physicians ('Flight Surgeons') will be on-call to provide remote and telemedicine health care during my participation at the Mars Desert Research Station (MDRS). I authorize The Mars Society, Inc. to release to these Flight Surgeons the following medical records:

- ☐ My name, mailing address, email address and phone number
- ☐ The MDRS Medical Information Webform completed by me
- ☐ Additional information from my MDRS application as requested by the Flight Surgeons in order to provide remote telemedical care for me.

The Mars Society, Inc. will use the personal health information in these records to enable the Flight Surgeons to deliver better telemedical advice in case I am injured or become ill.

This authorization will expire 90 days after the end the MDRS field season including my crew rotation, at which point all of my personal health information in possession of The Mars Society, Inc. and not still in use by the Flight Surgeons will be destroyed.

I may revoke this authorization at any time by delivering a revocation in writing to The Mars Society, Inc. The revocation will be effective immediately upon receipt except to the extent that use has already been made of the records in accordance with my previous authorization.

I understand that the recipients of my information, including the Flight Surgeons and those volunteers of The Mars Society, Inc. involved in collection and management of crew information, will use or disclose my health information solely for medically necessary or relevant purposes, or as required by law.

I understand that this authorization is a necessary condition of my participation as a crewmember at MDRS and that my refusal to sign this form, or revocation of this authorization before my participation as a crewmember at MDRS, will exclude me from participation as a crewmember at MDRS.

I understand what this document says and authorize release of my personal health information as stated above. I understand I will be given a signed copy of this Authorization for my records.

Signature

Date