

**WORLD MEDICAL RELIEF, INC.
RESPONSIBILITY OF U.S. CUSTOM INSPECTION FEES**

Effective February 1, 2003

I, _____, a representative of
(Name)

_____ with postal address _____
(Name of Organization)

_____, hereby
declare responsibility for

all fees for shipment for _____
(Name of Hospital/Clinic and Country)

from World Medical Relief, Inc. in Detroit, Michigan U.S.A. This responsibility extends to any and all fees involving the Customs Inspections and any other inspections of the shipment, including X-ray costs, unloading and reloading fees, inspection fees, and administrative costs.

World Medical Relief, Inc. has no obligation in any transaction during the process of releasing the container from Customs in the United States or any other Country of the world, nor shall World Medical Relief, Inc. retrieve any container sent overseas back to the United States.

Signed this _____ day of _____ 20
(Month)

Signature

Print Name Title

Witness:

Signature

Print Name