

TRAVEL, WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK

I, _____, hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a CMDA Global Health Outreach project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to or loss of, personal property. In consideration of the benefits derived from being accepted for service, I hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Christian Medical & Dental Associations, for any and all causes in connection with the activities of the above organizations and individuals on the _____ Project (project location) on _____ (date).

Signature: _____ Date: _____

NOTE: Children under 18 also require completion of the "Supplemental Application for Minor Children". If one or both parents are not participating with the minor participant, a "Parental Consent" must be signed and notarized.

CMDA/GHO POLICIES AND PROCEDURES FOR VOLUNTEER SERVICE

- ◆ **Project Fees, Registration Fee, Tax Receipts & Cancellations:** The *project fee* **cannot** be prorated for partial participation. If the project is fully booked or if an application is not approved, the full amount of the *registration fee* will be refunded. Those who cancel after tickets are secured in their name are responsible for the cost of the ticket and will be sent their tickets to use or exchange at the discretion of the airline. IRS tax-deductible receipts will be sent for all donations contributed for project expenses. Donation checks should be made out to CMDA/GHO with the participant's name in the memo field. **Cancellations MUST be submitted to GHO in writing.**
- ◆ **Standards for Personal Conduct:** Our actions and relationships should be modeled upon those of our Lord's life and ministry, which was above reproach. I agree to follow the following practical restrictions for the duration of the project out of respect for those we serve: No alcohol, tobacco, illegal drugs, attending bars and discos, or engaging in private immoral behavior. Only married, heterosexual couples may share a room. No one may leave the project area without the team leader's permission.
- ◆ **Participant's Agreement:** I understand the Global Health Outreach [Policies and Procedures](#). I agree to abide by them. I understand that misrepresentations in my application or violating these standards of conduct will be grounds for dismissal from the project. ([Click here](#) to read Global Health Outreach Policies and Procedures.)
- ◆ **Publicity:** GHO is authorized to publish my photo and/or testimony as a participant on this mission project.
- ◆ **Travel:** I understand that I am expected to travel with the Global Health Outreach team on my international flight. I give my permission to Global Health Outreach and their travel agent to make my flight arrangements. I understand that I am responsible for payment of any travel arrangements made on my behalf by Global Health Outreach and their travel agent. (*If you wish to make your own travel arrangements, you **must** contact GHO first.*)
- ◆ **Project and Travel Fees:** I give GHO permission to charge the credit card below for the amount of my airline ticket at time of ticketing. Furthermore, I give GHO permission to charge this credit card for any outstanding amount of my project fees that are due 2 weeks prior to departure. (*If you wish to make alternative payment arrangements, you must coordinate these with GHOFinances@cmda.org no later than 2 weeks prior to departure.*)

Signature: _____ Date: _____

METHOD OF PAYMENT (Check all that apply):

Credit Card Check Fundraising Other (Please explain): _____

Credit Card Information:

Card Holder's Name: _____

Card Number: _____ Exp Date: _____ CVV: _____

Billing Address: _____

Card Holder's Signature: _____

***Please note: this charge will show up on your statement as *CHRISTIAN MED DENT*.**

Please scan, or take a photo, of your completed form and email it to GHOAPPS@CMDA.ORG

Fax to 423-764-1417

Instructions

TRAVEL, WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK

I, John Doe, hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a CMDA Global Health Outreach project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to or loss of, personal property. In consideration of the benefits derived from being accepted for service, I hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Christian Medical & Dental Associations, for any and all causes in connection with the activities of the above organizations and individuals on the Nicaragua Project (project location) on January 5-15, 2017 (date).

Signature: John Doe Date: 10/01/2016

NOTE: Children under 18 also require completion of the "Supplemental Application for Minor Children". If one or both parents are not participating with the minor participant, a "Parental Consent" must be signed and notarized.

Section 1

Fill in the participant's first and last name, destination, trip date range, and then sign and date.

CMDA/GHO POLICIES AND PROCEDURES FOR VOLUNTEER SERVICE

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Signature: John Doe Date: 10/01/2016

Section 2

Review the information and then sign and date.

Section 3

Please checkmark your method(s) of payment.

If other, please provide the required explanation.

If paying by credit card, please fill out the required details, or call 423-844-1099 to provide. The charge will show up as **CHRISTIAN MED DENT** on your card statement.

Once completed, email the form to GHOAPPS@CMDA.ORG (preferred), or you may fax to 423-764-1417.

METHOD OF PAYMENT (Check all that apply):

Credit Card Check Fundraising Other (Please explain): _____

Credit Card Information:

Card Holder's Name: John Doe

Card Number: 4000 1111 2222 3333 Exp Date: 06/20 CVV: 751

Billing Address: 1000 Main Street, Anywhere, TN 35665

Card Holder's Signature: John Doe

*Please note: this charge will show up on your statement as **CHRISTIAN MED DENT**.

Please scan, or take a photo, of your completed form and email it to GHOAPPS@CMDA.ORG

Fax to 423-764-1417