**TRAVEL, WAIVER OF RESPONSIBILITY AND ASSUMPTION OF RISK**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge the inherent risk of medical missions and the fact that injury, death, disease, infection might occur during or as a result of my voluntary service on this mission trip, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CMDA/GHO POLICIES AND PROCEDURES FOR VOLUNTEER SERVICE**

* **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.
* **Participant’s Agreement:** I understand the Global Health Outreach Policies and Procedures as stated above. 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.
* **Publicity:** GHO is authorized to publish my photo and/or testimony as a participant on this mission project.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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

Or you can fax it to 423-764-1417