



**FRIENDS OF CERVICUSCO/CERVICUSCO
VOLUNTEER PROGRAM INFORMATION
ACCEPTANCE OF POLICIES**

Participants agree to the following guidelines:

- I have read and understand the **Friends of CerviCusco/CerviCusco Volunteer Program Information**, the required and suggested insurance information and required housing payment: I agree to abide by all policies and rules stated in these documents.
- I understand that my acceptance is contingent upon my remaining in good standing with my institution, company or university and that CerviCusco reserves the right to revoke my acceptance if I am placed on probation.
- If my participation in the program is revoked because I have been placed on probation, I am still responsible for personal expenditures including the cost of airline tickets, and any non-refundable program costs owed to the CerviCusco (whether already paid or not).
- I understand that if I choose not to participate in the program I will forfeit any non-recoverable costs AND that I must notify the director in writing OR continue to be held responsible for program payments. In addition, I understand that I may be required to pay back all or a portion of any financial aid I received.
- I have shared the cost information with the person (s) responsible for my program payments.
- I agree to read thoroughly all orientation materials provided.
- I agree to attend any required orientation session and return all forms by stated deadlines. Failing to meet obligations as agreed may result in removal from the program.
- I agree to participate in the full length of the program, according to the dates indicated in the program calendar.

By signing below, I agree that I have read the policies and agree to abide by the CerviCusco volunteer program policies and the policies set forth by my organization.

***If under the age of 18, parent or legal guardian must also sign.**

Volunteer Printed Name: _____

Volunteer Signature: _____ Date: _____

*Volunteer's Parent/Guardian Printed Name: _____

*Volunteer's Parent/Guardian Signature: _____ Date: _____



Release, Waiver of Liability, and Covenant Not to Sue

I hereby acknowledge my awareness that my participation in the CerviCusco and Friends of CerviCusco Program may expose me to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that the risks that I may encounter include but are not limited to airplane crashes; motor vehicle accidents; political unrest; terrorist incidents; earthquakes; sickness; and criminal acts, as well as other risks that may not be foreseeable. Furthermore, I acknowledge that I have received and read the current Consular Information Sheet for the country of Peru, included in the program, issued by the United States Department of State. I hereby assume any and all such risks.

For the sole consideration of the Friends of CerviCusco's arranging for my participation in the CerviCusco Program, I hereby release and forever discharge CerviCusco, Friends of CerviCusco, the board of Directors from CerviCusco and the Board of Directors from the Friends of CerviCusco, their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of actions of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Program.

I further covenant and agree that for the consideration stated above, I will not sue CerviCusco, the Friends of CerviCusco, the Board of Directors of CerviCusco or the Board of Directors of the Friends of CerviCusco, its members individually its officers, agents, or employees for any claim for damage arising or growing out of my voluntary participation in this program.

I understand that the acceptance of the Release, Waiver of Liability and Covenant Not to Sue by CerviCusco and the Friends of CerviCusco shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I have read and understood the above, and I voluntarily agree to all of the provisions herein.

*I certify that I am at least 18 years of age, or if not, that I have secured below the signature of my parent or legal guardian as well as my own.

Printed Name of Participant

Signature of Participant

*Printed Name of Parent/Guardian

* Signature of Parent/Guardian

Date

Phone Number



Statement of Responsibility, Release, Authorization and Acknowledgement of Risks for Participation in the Global Health Experience at CerviCusco through Friends of CerviCusco

I, _____, wish to participate at CerviCusco in Cusco, Peru through the Friends of CerviCusco Program from ____/____/____ through ____/____/_____.

I therefore acknowledge and attest to the following statements, and I agree to abide by the following terms and conditions at all times during my participation in this international experience.

I understand that I am subject to the laws of Peru where I am studying/working/volunteering. I also understand that it is my responsibility to be informed about the laws of Peru and to conduct myself in a manner that complies with those laws.

I will follow the code of conduct of CerviCusco and Friends of CerviCusco at all times during my participation in the Program.

I assume full responsibility for any personal activities for which I participate that are outside the scope of my studying or work and for my personal conduct while participating in my studying or work activities.

I understand that I am responsible for full program costs as applicable.

I have been informed of all U.S. State Department warnings pertaining to Peru. I understand that I am responsible for my personal property and will not hold CerviCusco or the Friends of CerviCusco responsible should damage occur.

I am aware that there are inherent risks in travel and work in international settings, particularly in developing countries. I understand that the political and environmental and cultural situations in these countries differ from those in my own country and my home institution environment. I understand that these situations are unpredictable and may become volatile and dangerous, often within a very short period of time. I understand that in such circumstances evacuation may prove difficult or impossible.

To the best of my knowledge, I am in good health and suffer no disability or condition that, even with reasonable accommodation, would render my participation medically inadvisable.

I understand that I am required to carry health or accident insurance that will cover me while I am abroad, and that I will be responsible for any expense associated with inquiries or illnesses that may occur, including the cost of medical evacuation and repatriation of remains. In case of emergency, I authorize the CerviCusco and Friends of CerviCusco staff to obtain necessary treatment on my behalf.



I understand that CerviCusco strongly discourages owning or operating vehicles while participating in international experiences. Traffic congestion and different traffic laws and regulations, civil and criminal, can make driving a motor vehicle in foreign countries extremely hazardous. Insurance requirements, or other financial responsibility laws, vary from country to country. If however, I am determined to operate a motor vehicle while abroad, I recognize that CerviCusco and Friends of CerviCusco assume no financial responsibility for legal aid, or for my care should I be involved in an accident while operating a motor vehicle.

I have weighed the dangers inherent in foreign travel and work, the risks presented to my own health and wellbeing, and my personal desire to further my experiences by traveling and working in foreign countries. I have had the opportunity to ask questions that have been answered to my satisfaction. Nonetheless, I acknowledge that there may be additional factors that may not have been brought to my attention. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

I understand that my participation in this experience is voluntary and that I voluntarily assume all risks of injury to myself and damage to my property and agree to indemnify and hold harmless CerviCusco, the Friends of CerviCusco, their officers, directors, employees and authorized agents from any and all liability, claims, causes of action, loss, damages, costs or expenses (including attorney fees) arising out of my participation in international experiences or transportation to and from there.

For all volunteers under the age of 21, parent/guardian signature is also required.

By signing below, I acknowledge that I have read, understand, and agree to abide by this agreement.

Printed Name

Signature

Date

Printed Name of Parent/Guardian (if applicable)

Signature of Parent/Guardian (if applicable)

Date