



International Medical Relief

RELEASE OF LIABILITY

The following agreement confirms your participation as a volunteer with International Medical Relief and reflects your working relationship as a volunteer or participant on a trip.

I, _____, acknowledge and state the following:
(print name)

Initial

_____ I have chosen to participate with International Medical Relief on a trip and to be involved with this organization with their mission, to improve the health and wellness of people in underserved communities by providing access to wellness and healthcare.

_____ I understand that this trip entails a risk of physical injury or death and may involve extreme climates, adverse working conditions, hard physical labor, exposure to dangerous areas of the world, disasters and exposure to various diseases and potentially life threatening illnesses. I certify that I am in good health physically and able to perform this type of work.

_____ I understand that I am engaging in this trip at my own risk. I assume all risk and responsibility for any damage, illness, or injury to my property or any personal injury or my death which I may sustain while involved in this project, and related medical costs and expenses.

_____ I understand that International Medical Relief is not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that International Medical Relief is not responsible for effects on my health or results from injury or medical consequences of any type, source or cause.

_____ I understand that I am to abide by whatever rules and regulations put in place by International Medical Relief during any course of the trip or during clinic. I further understand that International Medical Relief has set regulations, standards of conduct and principles for which I will abide on this trip and during clinic. I will adhere to all IMR limitations to my or changes in my participation.

_____ I authorize the team leader, on behalf of International Medical Relief, to seek the necessary medical care or treatment should any experience occur resulting in illness, injury or accident. In accordance with any of the activities associated herein, I will hold all members, volunteers, employees and International Medical Relief harmless for any event or action related to my person and state.

_____ By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold International Medical Relief, together with their officers, board members, agents, servants, volunteers, representatives and employees, harmless from any and all causes of action arising from my participation in this project, and any travel or lodging, tour or clinic related activities associated therewith.



International Medical Relief

ASSUMPTION OF RISKS

I, _____, acknowledge that I have voluntarily applied to participate with International Medical Relief on their trip to _____ from the dates of _____ to _____ (or a trip which I may subsequently transfer to or participate in). I am voluntarily participating on the trip and with the clinic with knowledge that travel to the foreign countries and/or remote areas visited by this trip involves numerous risks and dangers including, but not limited to: the forces of nature; civil unrest; terrorism; roads, trails, hotels, vehicles, boats or other means of transportation or conveyance which are not operated or maintained at standards common in the United States; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided; physical exertion for which I am not prepared; consumption of food, beverages or alcoholic beverages; or negligence (but not willful or fraudulent conduct) on the part of IMR, or others. I acknowledge that the enjoyment and excitement of international travel is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work and that these inherent risks contribute to the overall experience and my participation. I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE, AND ACCEPT ANY AND ALL RISKS ASSOCIATED WITH THIS TRIP INCLUDING, BUT NOT LIMITED TO: DELAY, UNANTICIPATED EVENTS, ILLNESS, INJURY, EMOTIONAL TRAUMA, OR DEATH AND VERIFY THIS STATEMENT WITH MY SIGNATURE
HERE: _____

RELEASE

I acknowledge that the cost of all IMR trips is based upon the execution of this Release of Liability & Assumptions of All Risks. Therefore, as lawful consideration for being permitted to participate on such trip(s), I hereby RELEASE AND DISCHARGE INTERNATIONAL MEDICAL RELIEF AND ITS AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TRIP OR ACTIVITIES RELATED HEREIN. I agree that this release shall be legally binding upon myself, all minors under the age of 21 traveling with me, my heirs, successors, assigns, and legal representatives; it being my intention to fully assume all the risk of travel and to release IMR from any and all liabilities to the maximum extent permitted by law. I HEREBY AGREE TO RELEASE AND DISCHARGE IMR OF ANY AND ALL LIABILITY FOR PARTICIPATION WITH IMR AND ACTIVITIES AND EVENTS RELATED TO IMR AND VERIFY THIS STATEMENT WITH MY SIGNATURE
HERE: _____

STATEMENT OF PARTICIPATION

I acknowledge that I am participating on this trip as a representative of IMR. I hereby understand that I am serving at the will of IMR. I acknowledge that IMR reserves the rights to include my participation with the team for clinic and all other activities related to this travel. Should my inclusion or participation in the trip put any member of the team at undo risk for safety and security IMR has every right to exclude my participation with the team for any remaining portion of the trip at my expense. I HEREBY AGREE TO PARTICIPATE AT THE WILL OF IMR AND VERIFY THIS STATEMENT WITH MY SIGNATURE HERE: _____

REFUNDS

I acknowledge that the funds for this trip are nonrefundable and that if I am unable to attend this trip for any reason or need to come home early for any reason that these funds will be considered a donation and tax deductible to the fullest extent allowed by law.

Should the dates of my participation in the project change or be shortened no refunds will be available and any costs or fees related to changing my itinerary will be at my own expense. I AGREE TO THE REFUND POLICIES SET FORTH BY IMR AND VERIFY THIS STATEMENT WITH MY SIGNATURE HERE:



International Medical Relief

MEDICAL RISK

All travelers with a history of incomplete or lapsed routine, "childhood" immunization schedules should be brought up-to-date for these vaccines. A full medical history should be taken to determine fitness for travel. Travelers who are acutely ill, medically or psychologically unstable, or pregnant should be advised to postpone travel if at all possible. In addition, because the team is working as a medical mission team in arduous conditions, volunteers should be made aware they may be at risk for increased emotional stress.

Initial

RISKS FROM INJURY

The risk for certain injury while travelling to a developing country is high. Persons should be advised to wear sturdy footwear to protect their feet from debris and disease presented in these areas. Tetanus is a potential health threat for persons who sustain wound injuries. Any wound or rash has the potential for becoming infected and volunteers should be advised to have such wounds or rashes assessed by a health-care provider as soon as possible. Volunteers should immediately cleanse any wounds, cuts, or animal bites with soap and clean water that are obtained while in country.

PREVENTING ELECTROCUTIONS

Travelers should be cautioned to avoid downed power lines. Power in developing countries does not have the same standards as you are accustomed to in the US and there is risk of injury if you come into contact with powerlines directly. Additionally, many people use portable electrical generators. If a portable generator is improperly sized, installed, or operated, it can send power back to the electrical lines. This problem is called backfeed or feedback in the electrical energy in power lines. Backfeed can seriously injure or kill repair workers or people in neighboring buildings. In addition, electrical power and natural gas or propane tanks should be shut off to avoid fire, electrocution, or explosions. Battery-powered flashlights and lanterns, rather than candles, gas lanterns, or torches, should be used.

RISKS FROM FOOD AND WATER

The spread of many serious food and water-borne diseases is especially high in developing nations. Diarrheal diseases, due to bacteria, parasites or hepatitis A can possibly occur. If a trusted source of bottled water is not available, water should be boiled or disinfected.

An antibiotic for self-treatment of acute diarrhea, such as a fluoroquinolone (e.g. ciprofloxacin), should be carried. Azithromycin can be used as an alternative. Volunteers should take this medication until symptoms subside (typically 3 days). Anti-motility agents such as loperamide and diphenoxylate and/or bismuth subsalicylate (Pepto-Bismol) can reduce bowel movement frequency.

Volunteers should seek medical attention for diarrhea accompanied by a high fever or blood. Additionally, replacement of lost fluids by drinking clean water is the most important means of maintaining wellness, although oral rehydration solutions are ideal for the treatment of severe diarrhea.

The most important method for preventing disease transmission is handwashing, we recommend frequent handwashing with either soap and water or a waterless, alcohol-based hand wash and hand wipes.

RISKS FROM INSECT BITES



International Medical Relief

Because of standing water in these areas, mosquito breeding can become a problem. The potential exists for outbreaks of West Nile, St. Louis Encephalitis, and dengue. Prevention of mosquito bites is recommended through combined use of insect repellent containing DEET or picardin and wearing long sleeved shirts and long pants when outdoors.

RISKS FROM SNAKE BITES

It is possible that volunteers will come into contact with animals that do not have any vaccinations. The venom of a small or immature snake can be even more concentrated than that of larger ones; therefore, all snakes should be left alone. Fewer than half of all snakebite wounds actually contain venom, but volunteers should be advised to seek medical attention for any animal bite.

Initial treatment may include immobilization of the affected limb and minimizing physical activity as much as possible (ideally of the entire patient) while transport to a medical facility occurs. If care is delayed, then a loose fitting pressure bandage that does not restrict arterial and venous flow (but does limit lymphatic flow) is the recommended first-aid measure while the victim is moved as quickly as possible to a medical facility. Tourniquets that impair blood flow to the affected limb are generally contraindicated.

Specific therapy for snakebites is controversial, and should be left to the judgment of local emergency medical personnel. Snakes tend to be active at night and in warm weather. As a precaution, boots and long pants should be worn when walking outdoors at night in areas possibly inhabited by venomous snakes. Proper protection such as the aforementioned clothing, careful attention to one's surroundings and overall avoidance of contact are the best measures that can be taken to avoid injury.

OTHER HEALTH RISKS

Leptospirosis may occur in individuals who wade, swim, or bathe in waters contaminated by animal urine. In addition, exposure to animal bites, most notably bats or skunks pose a potential risk for rabies and other infections. Individuals who sustain a bite should seek immediate medical attention for both appropriate management of the bite wound and assessment regarding post-exposure prophylaxis.

There are health risks related to extremely hot temperatures such as found in these areas (heatstroke) and the effects of the sun on the eyes (cataracts) and skin (skin cancer, sunburn). Wraparound sunglasses that provide 100 percent UV ray protection should be worn for eye protection. A broad-spectrum (protection against both UVA and UVB rays) sunscreen and lip screen with at least SPF 15 should be used.

PSYCHOLOGICAL/EMOTIONAL

Because of the tremendous issues facing the people in this area it is important the traveler recognize the situation they encounter may be extremely stressful. Keeping an item of comfort, such as a family photo, favorite music, or religious material nearby can often offer comfort in such situations. Checking in with family members and close friends from time-to-time is another means of support.

Before travel, volunteers should prepare their own personal health kit to include any medications they may be taking as well as additional supplies of medications as these may not be available at the destination; include antidiarrheal medication, an antibiotic for self-treatment of most causes of acute bacterial illness, insect repellent, sunscreen, and an ample supply of additional emergency supplies.



International Medical Relief

A sufficient supply of food (protein based snacks, canned, powdered or otherwise processed food are important for you to have for your own safety and security) and water, or means of water purification through a filter, purification tablets or both are also recommended.

Volunteers returning home from a trip who become ill for any reason should receive a medical evaluation. This should include psychological support and counseling as necessary.

For specific recommendations for vaccinations and disease prevention (see Yellow Book index page) provides detailed immunization and prophylaxis information for a variety of diseases.

RISK OF DEATH &/OR SERIOUS INJURY

It is important that each volunteer understand that there are risks associated to doing medical mission work. You are at risk for certain death or serious injury. You are personally responsible for your participation on this trip and must understand that you are engaging in this trip at your own risk. IMR is not responsible for damage, illness, injury or death to you or your property or any personal injury which you may sustain while involved in this project, and related medical or unexpected travel costs that you may incur.

PARTICIPANT STATEMENT

Signed this _____ day of _____ at _____.
(day of month) (month and year) (city and state)

Your Signature: _____ Print

Name: _____