

# Partner for Surgery Volunteer Application

## PERSONAL INFORMATION

Name as shown on passport \_\_\_\_\_ Nickname \_\_\_\_\_

Passport number \_\_\_\_\_ D.O.B. \_\_\_\_\_ Nationality \_\_\_\_\_

## CONTACT INFORMATION

Home address \_\_\_\_\_

Work address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact number(s) \_\_\_\_\_

## INFORMATION PERTINENT TO THE MEDICAL MISSION

Dates of mission for which you are applying \_\_\_\_\_

List your medical specialty(ies) \_\_\_\_\_

Are you competent to administer VIA/Cryo? (gynecologists only) \_\_\_\_\_

Medical conditions that could affect your participation \_\_\_\_\_

Level of Spanish fluency (not required for participation) \_\_\_\_\_

## PARTICIPATION AGREEMENT

You are required to...

- read the Mission Description on the PFS website.
- pay \$1200 to help defray mission costs, at least 3 months prior to the start of the mission.
- book and purchase your own airline ticket to Guatemala.
- provide proof of travel medical insurance and emergency evacuation coverage.
- bring all supplies that you will need for the mission.
- pay for any alcoholic beverages that you consume.
- wear a PFS t-shirt at times, to identify you as a team member.
- cooperate with PFS with respect to selected hotels and restaurants, in adherence with a strict budget.

Do you agree to these requirements? \_\_\_\_\_

## PROOF OF INSURANCE AND EMERGENCY EVACUATION COVERAGE

Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

*If you do not have a travel insurance carrier, information is available at [www.worldtravelcenter.com](http://www.worldtravelcenter.com) or 866-979-6753.*

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

**Please note: Your application will be considered complete when you**

- **sign the Release and Waiver of Liability**
- **submit \$1200**
- **provide Proof of Insurance**

# Partner for Surgery Release and Waiver of Liability

Partner for Surgery, Inc. ("PFS") facilitates the participation of medical personnel in its medical mission program in Guatemala (the "Program"). While PFS endeavors to provide a positive experience for volunteers, we must emphasize that we cannot guarantee any particular aspect of a volunteer's experience. For this reason, PFS requires that, in consideration of being permitted to participate in the Program, each volunteer sign this Release and Waiver of Liability in favor of Partner for Surgery, its officers, directors, employees, volunteers, and agents, legal representatives, insurers, successors, and assigns (collectively, "PFS"). The individual signing below ("Volunteer") freely, voluntarily, and without duress executes this Release and Waiver of Liability and agrees to the following terms:

1. **Scope of Volunteer Duty.**
  - A. Volunteer is responsible for bringing all medical equipment, supplies, and medications; however, a limited number of items can be provided in Guatemala by PFS.
  - B. Volunteer will only perform the following activities:
    - i. Volunteer will provide triage to identify medical problems that can successfully be resolved or alleviated by surgery.
      - ii. Volunteer will educate patients on the nature of their problem and, if surgery is not required, provide information on means to reduce the probability of recurrence.
      - iii. There is no general pharmacy or broad dispensing non-prescription products associated with the triage. However, bladder and respiratory infections are common and should be among those treated at the triage with antibiotics.
      - iv. Some level of local training of health promoters is desirable.
  - C. Volunteer understands that participation in the Program does not create an employer/employee relationship between Volunteer and PFS.
2. **Insurance.** Volunteer understands that PFS does not carry or maintain health, medical, or disability insurance coverage for any volunteer, and that PFS does not assume any responsibility for providing financial or other assistance. **Each Volunteer is required to have health insurance with medical evacuation coverage in effect while participating in the Program.**
3. **Consent.** Volunteer agrees to follow the rules established by PFS. Volunteer understands and agrees that PFS has the right to terminate Volunteer's participation if it is determined by PFS that Volunteer's conduct is in conflict with PFS rules or the best interests of the Program as a whole. In that event, PFS may instruct Volunteer to leave the Program and to depart at the Volunteer's expense.
4. **Photographic Release.** Volunteer agrees that all right, title, and interest in any photographic images and recordings made by PFS during the Program will be owned exclusively by PFS. Volunteer agrees that PFS may use the Volunteer's name and photograph or likeness for the purpose of promoting or advertising the Program, without payment to Volunteer.
5. **Assumption of Risk.** Volunteer acknowledges that he/she may encounter difficult conditions and that there are risks inherent in traveling abroad and to locations that present a particularly high risk for disease, illness, violence, or other potential harm. Volunteer agrees that he/she has the education, discipline, and required physical and emotional abilities to participate in the Program. PFS makes no representations regarding the safety and conditions of the housing, working environments, or other aspects of the Program. Volunteer has had the opportunity to discuss the Program and the location and conditions of the Program with PFS, and understands and assumes the risk of injury or harm which may arise from participation in the Program.
6. **Waiver and Release.** In consideration of PFS arranging a volunteer assignment for Volunteer with the Program, and with the intention of binding Volunteer, Volunteer's heirs, legal representatives, successors and assigns, Volunteer hereby expressly RELEASES AND FOREVER DISCHARGES PFS from any and all claims, demands, damages, liabilities, and causes of action that Volunteer now has or may have in the future (whether known or unknown) arising out of Volunteer's selection as a volunteer by PFS or Volunteer's participation in the Program. This includes, but is not limited to, claims relating to any bodily injury, personal injury, illness, death, property damage, loss or theft of property, economic loss, or any other damage, loss, or cost due to negligence, carelessness, or any other cause on the part of PFS or another party. However, the provisions of this Waiver and Release section do not extend to claims based on the reckless or intentional misconduct of PFS.
7. **Indemnification.** Volunteer hereby agrees to indemnify PFS against all claims, demands, damages, liabilities, and expenses (including but not limited to reasonable attorney's fees) arising out of any act, omission, negligence, or misconduct by Volunteer.

**8. Other.** This Release and Waiver of Liability is intended to be as inclusive as the laws of the District of Columbia permit. Participant and PFS agree that this Release and Waiver of Liability is to be governed exclusively by the laws of the District of Columbia (without reference to its choice of law doctrine) and that the sole jurisdiction and venue for any litigation arising from this Release and Waiver of Liability is the appropriate federal or District court located in the District of Columbia. Participant and PFS also hereby waive trial by jury in any action arising out of this Release and Waiver of Liability. If any provision of this Release and Waiver of Liability is held to be invalid, the remaining provisions are not to be affected and will continue in effect. The invalid provision is to be deemed modified to the least degree necessary to remedy the invalidity.

Volunteer has read this Release and Waiver of Liability and has had the opportunity to ask questions related to it. Volunteer's signature below acknowledges agreement to these terms. Volunteer understands that by signing below, he/she is giving up legal rights and/or remedies that may otherwise be available.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Please complete, sign and mail the Volunteer Application and Release and Waiver of Liability to:**

**Partner for Surgery, P.O. Box 388, McLean, VA 22101**