



Travel Waiver and Disclosure, Code of Conduct and Responsibility & Assumption of Risk Form

By agreeing, you ACKNOWLEDGE and AGREE to CMDA's policies and procedures for volunteer service and tours, including standards for personal conduct, publicity, fees and more.

Statement 1: I hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, or infection might occur during or as a result of tours or my voluntary service on any CMDA Project ("Project"), and fully understand that the risks associated with such tours or 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. **I, in consideration of the benefits derived from being accepted for service, hereby freely and on my own accord volunteer my services despite such hazards.**

Statement 2: I willingly assume these risks and I hereby waive all claims against Christian Medical & Dental Associations or any participating local and international organizations, sponsoring institutions, and all their officers and employees for any and all causes, in connection with the activities of the above organizations and individuals on the Project/Tour.

Statement 3: I understand the policies and procedures stated herein and I agree to abide by them. I understand that misrepresentations in my application or breaching Biblical standards of conduct will be grounds for dismissal from that Project/Tour.

Statement 4: I understand that CMDA may publish photos and testimonies of participants on this Project/tour, including myself as a participant, uplifting the service in which this Project was intended.

Statement 5: I understand that CMDA requires participants to use CMDA's travel insurance regardless of what other insurance a person has. I further understand that in some, but likely limited, instances the travel insurance for certain foreign travel and/or evacuation services may exceed the limits of the policy provided and/or be limited in high-risk areas. Additionally, I understand that CMDA's travel insurance includes certain age-based benefit exclusions and limitations. I understand this and either will seek to obtain sufficient independent coverage to limit this risk and/or benefit gaps/restrictions or will not secure any additional coverage and will bear all risks related to this exposure. Further, I understand that in the CMDA coverage certain, but limited, countries are excluded and have been advised as to whether the participation in the Project/Tour as indicated in the travel insurance summary will involve any excluded country.

Statement 6: By signing and submitting this form, I affirm my complete agreement with the above CMDA terms and waivers.

Statement 7: By signing and submitting this form, I agree to reimburse the cost of non-refundable airline tickets or other arrangements paid for by CMDA and/or the in-country hosts if they are not used because of a change in my plans.

CMDA Project/Tour Name

Project/Tour Location

Project/Tour Date

Print Name

Sign Name

Date