

CHILDREN'S HEALTH INTERNATIONAL MEDICAL PROJECT OF SEATTLE (C.H.I.M.P.S.)
PROGRAM CONTRACT

Agreement between _____ (participant) and C.H.I.M.P.S. (program)

By signing this document, I agree that:

1. I am required to submit all appropriate personal and travel information to C.H.I.M.P.S. prior to leaving on the medical outreach experience.
2. I am required to follow placement site, country-specific directions to prepare for travel, including obtaining information on visa requirements, travel advisories, supplies, recommended vaccinations, malaria prophylaxis, needle stick prophylaxis, health and traveler's insurance.
3. I am encouraged to attend pre-departure orientation and planning meetings in preparation for travel abroad.
4. I am aware that during my travel and activities abroad, I am not an employee of C.H.I.M.P.S. and am not entitled to Workmen's compensation and any other employee benefits.
5. By signing this document, I acknowledge that there may be certain risks inherent in participating in activities, experiences, and travel to and within developing countries. These include but are not limited to disease, accidents, crimes and violence in urban and rural areas. I will take responsibility for discussing foreseeable risks with my faculty contacts and trip leaders. I acknowledge that all risks can not be prevented or predicted and I agree to assume all risks. I shall not hold C.H.I.M.P.S. or any of its members or officers or partner organizations liable for outcomes resulting from foreseeable risks or any unforeseeable risks. If I ever feel unsafe/ uncomfortable about a situation, I know that I should speak with my faculty contact, trip leader, or foreign site contacts immediately. Should I require emergency medical treatment as a result of accident or illness during an experience, I consent to such treatment and agree to be financially liable for it if the costs are not covered by my insurance.
6. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Participant Signature

Date

C.H.I.M.P.S. Officer Signature

Date