

VENTURA GLOBAL HEALTH PROJECT

ENABLING DOCTORS TO SERVE HUMANITY

TRAVEL COST REIMBURSEMENT AGREEMENT AND LIABILITY WAIVER

Ventura Global Health Project agrees to reimburse travel expenses incurred while performing volunteer service in _____.

Qualified Reimbursement Expenses include:

Travel Insurance
Airfare
Airport Transportation
Mileage (\$.555 per mile)
Hotel/Accommodations
Governmental Taxes and/or Fees
Food (\$30.00 per diem)

Volunteer agrees to compile a trip summary listing all expenses, and submit receipts and/or logs to document qualified expenses.

Hold Harmless

1. Volunteer has decided to provide volunteer care in _____. Volunteer accepts personal liability for risk to their person and possessions. Volunteer understands that they may suffer physical injury, sickness or death, or damage to their property as a result of their participation and that there is a possibility of violence and crime, severe illness with inadequate medical care, and civil unrest. Volunteer **freely and voluntarily accept and assume all such risks, dangers and hazards.** Accordingly, Volunteer understands that Grantor, its employees and agents, and its Board are unable to ensure their complete safety at all times from such risks and dangers.
2. **Assumption of Responsibility:** Volunteer understands that it is **their responsibility** to be aware of and abide by all applicable laws and **to ensure that they have adequate travelers medical, and accident insurance coverage,** as well as adequate protection of their personal possessions. It is also Volunteer responsibility to understand and abide by any licensure requirements that may exist. It is expressly understood that Grantor is not an employer and is not providing any information concerning required laws or licensure requirements

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of any locale. Further, they understand that Grantor does not carry accident or injury insurance for their benefit, and also that there may be certain matters for which they could be held at fault personally if their activities or conduct fall short of what would be considered a reasonable standard for an individual in their position. They agree to be accountable in all respects for their own actions and not to ask Grantor to accept the consequences thereof.

3. **Volunteer acknowledges** that they have been advised of such risks and dangers as well as the need to act in a responsible manner at all times. Volunteer signature below is given freely in order to indicate their understanding of the acceptance of these realities. They recognize that Grantor does not directly supervise their living or working arrangements, extracurricular or other activities during their participation in this volunteer service.

Liability Waiver

4. Volunteer releases and holds harmless Grantor, its employees and agents, and its Board from any and all liability for any loss, damage, injury or expense that Volunteer or their next of kin may suffer as a result of their providing volunteer care in _____ including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the elective. Volunteer further releases and holds harmless Grantor, its employees and agents and its Board from any and all claims of negligence with regard to any and all aspects of participation in the above-mentioned volunteer care.
5. This waiver is effective for the period of time that Volunteer will be participating in the above-mentioned volunteer care. I understand that this agreement cannot be modified or interpreted except in writing by both Grantor and Volunteer and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon the next of kin, executors, administrators and assigns, in the event of death or disability.
6. Volunteer hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless Grantor, its officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or

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omission of Grantor, its employees, or agents, in applying for or accepting the grant, in expending or applying the funds furnished pursuant to the grant or in carrying out the program or project to be funded or financed by the grant, except to the extent that such claims, liabilities, losses, or expenses arise from or in connection with any act or omission of Grantor, its officers, directors, trustees, employees, or agents.

I understand that this agreement cannot be modified or interpreted except in writing by Ventura Global Health Project and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my next of kin, executors, administrators and assigns, in the event of death or disability.

Name *(Please Print)*: _____

(Signature of Participant)

(Date)

(Witness as to Signature of Participant)

(Date)

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