



Community Health Initiative, Haiti **Short Term Aid Agreement, Release and Waiver of Liability**

Please read carefully.

I will be traveling as a guest in another country and will be spending the week serving all those around me. I must always respect the people of Haiti, their culture, my leaders and my Haitian hosts. Community Health Initiative has a long-term commitment to meeting the needs of the people of Haiti and we never want to jeopardize our ability to be effective in accomplishing our vision due to actions from someone in a short-term aid group. So we ask you to lay down your agendas, be flexible, and trust our leadership.

I acknowledge and agree to the following conditions and realize these requirements are in place for my safety while on this short-term aid trip:

1. I will act in a respectful manner when dealing with others serving with me, our leader, our Haitian hosts & workers, and all the children & people of Haiti. I will abstain from making derogatory or discriminatory comments regarding people, politics, religion, race, sexual orientation, or traditions.
2. I will adopt an attitude to try and understand Haiti's culture, and not try to convince them of my own viewpoint or convince them I can 'fix' them. I will abide by the advice I've been given regarding dress/attire, food, packing, interacting with Haitians, etc.
3. I agree to respect my leaders, not to be demanding, not to offend or cause embarrassment for our Haitian hosts, and to make every effort to help attain Community Health Initiative's long-term goals.
4. If a good friend or family member is serving with me, we agree to interact with all the members of the team, not just each other. I agree not to initiate or pursue any new romantic relationships with any of my team members or locals during the trip.
5. I agree to refrain from giving money, gifts, loans, or personal information directly to the people in Haiti including staff and patients before, during or after my time in Haiti.
6. I acknowledge that members of my team will all have their individual gifts and talents, which will collectively be used in the success of our trip. I promise to respect the talents of others in my team. I further recognize and agree that at times I may be asked to participate in work that does not suit my talents perfectly, but I will still participate to the best of my ability.
7. I will abstain from any illegal or prohibited activity while on this trip. I understand that sometimes activities that are legal are not appropriate in certain situations. If I am asked to refrain from use of alcohol, tobacco, or other activities, I will abide by my trip leader's request.
8. I understand and will abide by all safety recommendations provided by my leader. I will never leave my group or go elsewhere with anyone other than those my leader specifically designates.
9. I acknowledge that I am going to serve in a developing country and there are inherent risks and hazards I am subjecting myself to, including, but not limited to poor food & water, illness/disease, pests, poor sanitation, hazardous vehicles/transportation, crime, inadequate medical facilities and injury while working/traveling. I agree on behalf of myself, my heirs, & my successors, to release Community Health Initiative, its directors and officers, and all associated

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parties, from any and all liability that may result to me personally or to my belongings, included but not limited to illness, injury, theft, damage, harm, or death that may result as a direct result of, or incidental to, work, association with, or travel to, from, or in Haiti, as a guest or worker, at any time in past, present, or future.

10. I agree that in case of medical emergency, I authorize my organization's trip leader and/or Community Health Initiative's staff to make decisions to allow me the best possible care. I agree to take any financial responsibility for any first aid, treatment or medical service due to an injury or illness while on this trip.
11. I understand that Emergency Health and Evacuation insurance is purchased for the team. I understand that it is my responsibility to procure additional insurance if desired.
12. I agree that in the event my conduct is considered by Community Health Initiative's staff to be so unsatisfactory that it jeopardizes the success of Community Health Initiative's mission or the success of the trip that my services in connection with this aid trip shall end and I shall return home immediately at my own expense.
13. I understand that under no circumstances shall I conduct business during my time traveling as a CHI Clinic volunteer that is unrelated to CHI's mission, purpose, or function of operation.
14. I give consent for Community Health Initiative to use any and all photographs and/or videos of myself for their purposes including but not limited to marketing, fundraising, and social media.
15. I understand that it is the policy of Community Health Initiative that youth under the age of 16 are not allowed on any trip unless approved by the Team Leader. I understand that youth ages 16 to 18 will do limited work during the clinics. Any minors must be cleared by the Team Leader and accompanied by an adult responsible for their supervision and behavior.
16. In signing below, I represent that I am 18 years of age or older and accept the above conditions. I have read and understand all of the above policies, and I agree to abide by them. I freely, voluntarily, and without duress sign this waiver. Persons under 18 must have this signed by their parent or guardian.
17. *For Scholarship Recipients: By checking the box below, I acknowledge that all or most of my trip fees have been covered by a generous individual who sponsored me. Upon my return, I commit to writing a thank you note (pictures optional) expressing my appreciation for the opportunity to travel with CHI as a result of their support.
 I am a scholarship recipient and agree to the above responsibility as stated in item 17.

Today's Date _____ Dates of Trip _____ to _____

Organization's Team Leader _____

Name (printed) _____

Signature _____

Parent/Guardian Name Signature (if under 18) _____

Please scan/email to: Sarah Gale, CHI Clinic Volunteer Coordinator @ SGale@chihaiti.org

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