



## INTERNATIONAL PROJECT PARTICIPATION AND TRAVEL AGREEMENT

**Congratulations!** You have been selected to participate in a RAD-AID team, to help poor and developing regions of the world have access to vital radiology services. Serving on a RAD-AID team is a great opportunity for public service to advance the mission of global health, and we look forward to working with you. This agreement serves as your acknowledgement of key items that will help you to carry out your work with RAD-AID in a fulfilling, safe, and effective manner. Please read the sections below carefully and email us the signed version. If you have questions about this agreement, we are happy to discuss this with you. Again, we congratulate you on being selected to participate in RAD-AID's global health programs.

### 1. Voluntary Participation

I, \_\_\_\_\_ (enter first name, last name), agree to voluntarily participate in a RAD-AID International project (hereafter referred to as "Project"), including tentative travel dates of \_\_\_\_\_ to \_\_\_\_\_ (city, country).

I understand that preparation for this Project will involve some research and phone-based communications with my RAD-AID team to understand background, goals, and logistical planning of the Project. This preparation ranges 2-10 hours per month, and details are provided by my RAD-AID team leader. I agree to work with RAD-AID's team and Project leader in the conduct of this Project.

I am not an employee or contractor of RAD-AID, and am participating in the Project voluntarily. I am responsible for researching and evaluating the risks associated with my participation in the Project. By signing below, I acknowledge that I have, to my full satisfaction, obtained all information necessary for me to assess the risks associated with my participation in the Project, and further acknowledge that I am solely responsible for all actions that I take in connection with my participation in the Project.

### 2. Insurance

I represent that I have a policy of health and accident insurance that provides coverage for medical and hospitalization expenses occurring domestically and internationally.

I understand that RAD-AID does not provide health and accident insurance, and I hereby release RAD-AID from all responsibility for any injuries (including death), illness, medical bills, charges or similar expenses I incur during the Project and related travel. It has been recommended to me, but not required, that I carry trip insurance for this Project. I understand that Medicare does not cover medical expenses incurred outside the United States.

### 3. Health

I understand that it is my responsibility to decide, in consultation with my chosen medical professional(s) which vaccines, medical prophylaxis and preparations to take before, during, and after my Project trip. Information on travel vaccination, health risks and preventative measures are available at government-based web sites such as the Centers for Disease Control and Prevention (CDC).

**4. Liability**

I understand that my role in the Project is to provide educational outreach to health workers in poor and developing regions of the world. I understand and acknowledge that RAD-AID does not provide medical malpractice insurance coverage and does not authorize direct provision of health care services to patients.

I affirm and understand that RAD-AID’s insurance coverage does not extend to me or to litigation in a jurisdiction outside the United States. I release RAD-AID from any and all liability, including clinical liability, which could be associated with my participation in this Project and which is not covered by insurance coverage of RAD-AID.

I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge, indemnify, defend, and hold harmless RAD-AID, and its officers, directors, employees, agents, partner institutions, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, acts of terrorism, losses or injuries (including death) I sustain to my person or property or both, including but not limited to, any claims, demands, actions, causes of action, judgments, damages, expenses, and costs, including attorneys’ fees and medical expenses or fees of any kind whatsoever, which arise out of, result from, occur during or are connected in any manner with my participation in the Project and/or any travel incident thereto, or the production or distribution of advertising, promotion and publicity, or the use or reuse of my participation, appearance, name, voice, likeness, or biographical information in any manner whatsoever in connection with the project or otherwise. I recognize and agree that RAD-AID has no liability or responsibility for any other organization or program. I further agree to defend, indemnify and hold RAD-AID harmless from any and all claims, costs, liabilities, damages, defenses, or judgments, including attorneys’ fees and court costs, that may be brought against RAD-AID on account of any act or omission on my part.

**5. Funding**

Please place a check mark on one or more of the options below that apply to you:

- a. I am covered by a RAD-AID grant to receive coverage of my Project expenses.
- b. I agree to contribute \$ \_\_\_\_\_ to the Project (see optional worksheet on next page in section 6 for suggested calculation), some or all of which may be used for my expenses in the Project. I acknowledge that my charitable gift is not dependent on my participation in the Project and will not be refunded to me if I do not participate in the Project or leave the Project for any reason. I further acknowledge that my donation will be used by RAD-AID for the charitable project identified above, but is not designate for the use or benefit of any specific person. I understand that this contribution must be received by RAD-AID at 30 days or more before my departure date. No goods and services are exchanged for this contribution.
- c. The costs of my participation in the Project are being covered by another entity (outside foundation, my employer, my RAD-AID Chapter, etc. ). If you checked this option, please write the name of the institution that is covering your expenses in the Project here: \_\_\_\_\_.



**6. Worksheet for Contribution (optional if you are answering section 5c, above)**

**(Pick one option from each column)**

(A) % of Per-person Travel Cost I wish to contribute to Project	(B) Estimated Cost per volunteer by region
25%	\$1000 (Caribbean)
50%	\$2000 (Central/South America)
75%	\$3000 (South Asia, Africa & India)
100%	\$5000 (East Asia, South Pacific & China)

**My total contribution is \_\_\_\_\_ % (from column A) of \$ \_\_\_\_\_ (from column B) for a total of \$ \_\_\_\_\_ (A x B)**

**7. History of Disciplinary Action**

I represent that I have **never** (i) received any revocation or denial of my health professional license by a health institution or licensing board, (ii) received any complaints, investigations or charges previously or currently brought against me by a medical licensing or disciplinary board, (iii) had a plea of guilty, nolo contendere, conviction, or receipt of probation before judgment of any criminal act (excluding traffic violations) and/or act involving dangerous controlled substances or alcohol, (iv) violated U.S. laws and/or Executive Orders prohibiting provision of resources and support to individuals and organizations associated with terrorism and terrorist-related activities (including never having my name listed on the Specially Designated Nationals List published by the U.S. Treasury’s Office of Foreign Asset Control (OFAC). I represent that I do not illegally use drugs.

**8. Signed Acknowledgement**

In signing this document (below), I hereby acknowledge that I have read this entire document, that I understand its terms, that I have been given the opportunity to consult with an attorney of my choosing, and that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily. I hereby waive all rights to claim punitive, incidental or consequential damages, or any other damages, including attorneys’ fees, and I further waive all rights to have damages multiplied or increased.

Name (printed): \_\_\_\_\_

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

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



**8. Emergency Contact (required for travel)**

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

Contact phone number: \_\_\_\_\_

Contact's email address: \_\_\_\_\_