

# INTERNATIONAL CHRISTIAN MEDICAL INSTITUTE (Canada)

## INTERNATIONAL STUDENT VOLUNTEER PROGRAM

### AGREEMENT AND WAIVER OF LIABILITY

I, \_\_\_\_\_ accept a placement as a volunteer in the International Student Volunteer Program of the International Christian Medical Institute (Canada) hereinafter called "ICMI".

In consideration of being permitted to participate in the International Student Volunteer Program I agree as follows:

#### I. WAIVER OF LIABILITY AND ASSUMPTION OF RISK.

**NOTE: These provisions may affect your legal rights or the rights of your family in case of death or injury to you. Read them carefully.**

- 1) I have been informed of the nature of the responsibilities that I may be expected to assume, and the risks known to ICMI that may be associated with the International Student Volunteer Program.
- 2) Without restricting the generality of the foregoing, the risks include:
  - a) injuries or death suffered:
    - i. in the course of carrying out my responsibilities with ICMI
    - ii. by the acts of third parties including acts that would be regarded as criminal acts under Canadian law, and
    - iii. associated with transportation by any means including motor vehicles, airplanes or boats,
  - b) illnesses and the possible lack of medical personnel or medical facilities to treat injuries or illnesses,
  - c) standards of criminal justice or civil liability that are different than Canadian standards, and
  - d) war, civil unrest or natural disasters requiring modification or termination of the volunteer assignment or posing risk to me.
- 3) Due to the international aspect of the International Student Volunteer Program circumstances beyond the control of ICMI may arise including war, civil unrest, or natural disasters that may require a modification or termination of my volunteer program.
- 4) I have informed ICMI of any physical or medical limitations, allergies, or other conditions that may affect my participation in the activities of the International Student Volunteer Program or that may be associated with the International Student Volunteer Program and I fully accept any increased risk as a result of these limitations, allergies or conditions.
- 5) I have been told that it is a requirement of the International Student Volunteer Program that I obtain extended medical insurance coverage that will cover medical or hospital expenses that I may incur during the period of the International Student Volunteer Program. I am aware that if I fail or refuse to obtain such coverage, ICMI is not responsible for paying these expenses and cannot be held liable for the expenses.

- 6) I agree to assume all of the risks related to any personal injuries to me, including death, or damage to or loss of my property, of whatsoever nature or kind howsoever arising out of my participation in the International Student Volunteer Program. On behalf of myself, my heirs, executors and administrators, I hereby release ICMI, its employees, officers, Board of Directors and agents (the "Releasees") from any and all liability to me, my heirs, executors or administrators for any loss or damage I may suffer arising from personal injury (including death) or damage to or loss of my property during the term of my International Student Volunteer Program and I waive any cause of action that I or my heirs, executors or administrators may have against the Releasees arising from my participation in the International Student Volunteer Program.

## **II RESPONSIBILITIES OF STUDENT**

- 7) I am responsible for obtaining any visas or permits that may be necessary with regard to my travel to foreign countries and for obtaining any necessary or recommended vaccinations for the country to which I am traveling.
- 8) I am exclusively responsible for making all travel and accommodation arrangements that may be associated with the International Student Volunteer Program. While ICMI may provide information to me with regard to travel arrangements or accommodation, ICMI has no responsibility for the acts of the carrier or for the quality or safety of any accommodation.
- 9) I have completed one of the following pre-departure orientation sessions prior to embarking on this International Student Volunteer Program:
  - a) the pre-departure orientation session provided by ICMI
  - b) the online Depart Smart course and the CURIE courses
- 10) I must notify ICMI of my planned itinerary (as well as any changes to the itinerary) for the International Student Volunteer Program including any extended personal travel.
- 11) I will abide by all ICMI regulations pertaining to the International Student Volunteer Program as outlined in the ICMI Student Volunteer Job Description.

## **III CONSENT TO MEDICAL TREATMENT AND DISCLOSURE OF INFORMATION**

- 12) If I am injured or suffer an illness that renders me unable to consent to medical treatment, ICMI is hereby authorized to approve medical treatment for me, in the absence of being able to obtain consent from my next of kin within a reasonable time.
- 13) I consent to the disclosure by ICMI during the period of my participation in the International Student Volunteer Program of any personal information that is in the possession of ICMI, other than records of my academic performance, that may be necessary in any or all of the following circumstances:
  - a) To a hospital, supervising medical personnel, provider of medical treatment or next of kin where a representative of ICMI is informed that I may require medical attention or treatment.
  - b) To an official of a Canadian Consulate or the Canadian Government, an airline on which I am booked as a passenger, or an agency that is responsible for my travel arrangements where a representative of ICMI is informed that the information is required to satisfy the immigration or visa requirements of any country in which I am traveling or plan to travel, or to facilitate my travel in conjunction with the International Student Volunteer Program.
  - c) To law enforcement authorities upon their request.

**IV TERMS OF PARTICIPATION**

- 14) ICMI reserves the right to terminate my participation in the International Student Volunteer Program if ICMI determines that I am not performing satisfactorily in the placement or if I fail to adhere to the standards of public conduct that prevail in the geographic area of the placement.
- 15) The volunteer assignment (as outlined in the attached job description and letter of offer) is acceptable to me and sets out the details of the volunteer assignment as per ICMI's understanding of the position on the date below.
- 16) However, I understand that the conditions outlined in the job description and letter of offer may change after commencement of my responsibilities with the International Student Volunteer Program and I agree to accept any reasonable changes as part of my placement experience. If the changes are unacceptable to me, I will contact my ICMI Supervisor as promptly as possible to resolve the issues.

**V LEVEL OF RISK PERTAINING TO INTERNATIONAL PLACEMENTS**

- 17) I have been expressly advised not to undertake an International volunteer assignment in a country identified as high-risk by Foreign Affairs and International Trade Canada (DFAIT) as per advisories at <http://www.voyage.gc.ca>. "High-risk" refers to a *Country Warning* recommending against non-essential travel or all travel.

I have chosen to undertake a voluntary assignment in \_\_\_\_\_, a country that has the following Country travel advisory as of the date below:

- a) Exercise normal security precautions
  - b) Exercise high degree of caution
  - c) Avoid non-essential travel
  - d) Avoid all travel
- (Circle one)

**VI ACKNOWLEDGEMENT**

- 18) Prior to signing this form, I have read this agreement and waiver of liability in its entirety and I am aware that by signing this document, I am affecting the legal rights of myself, my heirs, next of kin, executors and administrators.

Dated at \_\_\_\_\_, Province of British Columbia, this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Name of Witness