Impact Global Health Alliance

Impact Global Health Alliance Volunteer Expedition Program

Program Policies & Statement of Understanding

IMPORTANT: When you submit the International Volunteer Participation Form (IVPF) online, you have completed and electronically signed the "Statement of Understanding", "Agreement, Release and Waiver of Liability" and "Photo Release" forms for our records. Please retain this document as your copy of these forms.

Impact Global Health Alliance has established the following policies to ensure the security and well-being of our participants, partners, and beneficiaries, as well as the overall success of our volunteer expeditions. All international volunteers are required to carefully review and abide by these policies at all times throughout the expedition, whether in the project community or in other areas.

Safety & Responsibility Policy

To ensure the health and safety of all those involved, Impact Global Health Alliance ***Volunteers must adhere to the rules, recommendations, and direction of the Impact Global Health Alliance facilitator(s) and/or local host(s)***. This includes a responsibility to abstain from unnecessarily high-risk activities, such as horseback riding, motorcycle riding, driving of project vehicles, and the consumption of alcohol or drugs. If in doubt of whether an activity is unnecessarily risky, volunteers must consult their facilitator(s) or local host(s) whose experience and knowledge benefits the participants and program as a whole. Volunteers must remember that irresponsible actions, and/or refusal to respect the authority of those leading the expedition, endangers not only themselves but their fellow volunteers, their facilitator(s) and host(s), and members of the project community, as well as the overall reputation and effectiveness of Impact Global Health Alliance programs.

If a volunteer needs medical treatment, they will leave the country to receive treatment in the United States. Trip facilitators in conjunction with Impact Global Health Alliance staff, the volunteer's doctor and Gallagher & Associates (medical evacuation travel insurance) are responsible for determining if a volunteer needs medical treatment.

Medical evacuation travel insurance is mandatory for all program participants and is included in program costs. This insurance includes at least $100,000.00 USD in medical evacuation coverage.

Cultural Respect & Agency Representation Policy

Impact Global Health Alliance ***Volunteers must always keep in mind that they are guests in the host country and are traveling and working as agents of Impact Global Health Alliance.*** As such, they are subject to the laws and customs of the native society and to the policies and authority of Impact Global Health Alliance. Following the direction of the facilitator(s) and host(s), volunteers are

expected to conduct themselves appropriately and convey respect and cultural sensitivity when interacting with locals.

Gift-Giving Policy

Impact Global Health Alliance ***Volunteers must not give individual gifts to local families, workers, or others they may meet while traveling in the host country.*** The needs in our project areas are indeed great, and we are working carefully to meet these needs in the most effective way possible. Individual gift-giving often causes destructive conflicts, creates dangerous expectations, and hinders ultimate long-term goals of empowerment and sustainability. Additionally, volunteers are not to promise gifts of any kind to local people or organizations.

Information-Sharing Policy

Impact Global Health Alliance ***Volunteers must not share their personal contact information with local hosts, including members of our partner organizations.*** Due to differences in security, communication technology, and privacy policies, information-sharing in other countries may leave volunteers vulnerable to identity theft and other forms of privacy infringement. Personal information provided to Impact Global Health Alliance will not be shared with third parties. However, we cannot be held responsible for misuse of information shared with local hosts or other contacts abroad.

Statement of Understanding

By submitting this International Volunteer Participation Form to take part in a short-term, international volunteer expedition with Impact Global Health Alliance, I, [full name], confirm that I agree to the following statements:

1. I have read and understood the Impact Global Health Alliance Volunteer Program Policies outlined in this document and agree to abide by these policies while traveling and working internationally as part of an Impact Global Health Alliance expedition.

2. I will not use, purchase, consume, or possess drugs or alcohol during the volunteer trip.

3. I will be a guest in the local country and subject to the laws and customs of the native society and to the policies of Impact Global Health Alliance.

Impact Global Health Alliance

Impact Global Health Alliance Volunteer Expedition Program

4. I will be working under and subject to the authority of the Impact Global Health Alliance facilitator(s) and/or local host(s) from Impact Global Health Alliance's partner organization(s), and I agree to abide by his/her direction and recommendations throughout the expedition.

5. I will be responsible for obtaining the funds needed to cover my travel expenses, including transportation, lodging, meals, activities, etc. and any other expenses incidental to my stay.

6. I understand that there are personal health and safety risks involved in this type of endeavor for which Impact Global Health Alliance and Impact Global Health Alliance Trip Leader are not responsible.

7. If I am injured, I agree to leave host country and return to the United States for treatment.

Name: _____ Signature: _____ Date: _____
(Please print)

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature*_____ Date: _____

**Please note that the signature of a parent or guardian is required for participants under the age of 18.*

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Impact Global Health Alliance Volunteer Expedition Program

Agreement, Release and Waiver of Liability
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (The "Release") executed on this day of , 20____, by _____ (the "volunteer") in favor of Impact Global Health Alliance, Inc., a nonprofit corporation organized and existing under the laws of the state of North Carolina, USA, its affiliated and partner organizations in other nations, its directors, officers, employees, and agents (collectively "Impact Global Health Alliance").

I, the volunteer, desire to work as an International Volunteer and engage in activities related to being a volunteer. I understand that the activities may include but are not limited to, traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available or provided in the foreign country(ies) by Impact Global Health Alliance, working in the Impact Global Health Alliance's or affiliate offices and with affiliates and partners, constructing and rehabilitating health infrastructure buildings, and other construction-related activities.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Impact Global Health Alliance and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for Impact Global Health Alliance.

I understand and acknowledge that this release discharges Impact Global Health Alliance from any liability or claim that I, the Volunteer, may have against Impact Global Health Alliance with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the International Volunteer Program, whether caused by the negligence of Impact Global Health Alliance or its directors, officers, employees, or agents or otherwise. I also understand that Impact Global Health Alliance does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

2. **Insurance**. Impact Global Health Alliance will provide insurance as part of program fees. If I, the Volunteer, choose to provide my own insurance I agree to get insurance that

includes $100,000 emergency evacuation coverage. I understand Impact Global Health Alliance does not carry or maintain health, medical, or disability insurance for any volunteer. Impact Global Health Alliance's Board of Directors requires that all international volunteers have appropriate Travel Insurance, as determined by Impact Global Health Alliance in its sole discretion.

3. **Medical Treatment**. Except as otherwise agreed to by Impact Global Health Alliance in writing, I hereby release and forever discharge Impact Global Health Alliance from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Impact Global Health Alliance.

4. **Assumption of the Risk**. I, the Volunteer, understand that my time with Impact Global Health Alliance will include activities that are inherently hazardous, including but not limited to construction activities, loading and unloading heavy equipment and materials, and local travel to and from the work sites. I also understand that I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, or inclement weather, or other circumstances that could threaten my safety or health. I also understand that, to protect its employees and volunteers in all countries around the world, it is Impact Global Health Alliance's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release Impact Global Health Alliance from all liability for injury, illness, death, or property damage resulting from the activities of my time with Impact Global Health Alliance.

5. **Photographic Release.** I, the Volunteer, grant and convey unto Impact Global Health Alliance all right, title, and interest in all photographic images and video or audio recordings made by Impact Global Health Alliance during my work for Impact Global Health Alliance, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Impact Global Health Alliance

Impact Global Health Alliance Volunteer Expedition Program

To express my understanding of this Release, I sign here.

Volunteer:
Name: (Please Print) _____ Signature _____

Complete Address_____Date_____

I am the parent, legal guardian, or custodian of a minor (less than 18 years of age) participating in the programs and activities of Impact Global Health Alliance. In consideration of being permitted to participate in the programs and activities of Impact Global Health Alliance, and in consideration of being provided transportation in those programs where transportation is provided by Impact Global Health Alliance, as the legal guardian I assume all risks and hazards incidental to the conduct of the program and activities, including transportation in those instances when it is offered. I have had adequate opportunity to investigate the risks and hazards of the Impact Global Health Alliance program and activities, and I knowingly release, absolve, indemnify, and hold harmless Impact Global Health Alliance, including the corporation, its agents, attorneys, employees, affiliated organizations, officers, directors, administrators, predecessors, successors and assigns, from all claims that might result from my injury, death, illness, disease and/or damage to my property. This Agreement and Release shall remain in effect until revoked by me in writing.

Minor's Name: _____Date of Birth: _____
(Please print)

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature: _____

dated this _____day of_____20_____

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