



Application Process

1. Complete registration forms A & B
2. Complete the Assumption of Risks, Responsibility, and Liability Waiver.
3. Enclose a photocopy of your passport and Professional Licenses (passport must be valid until 6 months after landing).

Enclose your application with your deposit. In the USA the checks should be issued to **Christian Life Movement Inc.**; and in Canada made payable to **Solidarity Experiences Abroad Inc.**

Please see below:



Registration Form A:

Medical Mission to Peru - 2012

I, _____ (name as passport),
Passport# _____, would like to participate as a volunteer in the **Medical Mission to Peru – 2012 to Pamplona () and/or Ayaviri ()**. I know that the goal of the **Medical Missions to Peru – 2012** organized by Christian Life Movement is to promote the dignity of every human person through:

- a) Providing competent health care to needy people in Peru
- b) Motivating, educating and supporting medical and non-medical volunteers in the generous and fraternal giving of oneself in the service of others
- c) Creating an atmosphere of safety, compassion, respect, care and dialog for the mission's participants and the needy they serve
- d) Collaborating with local non-government organizations to establish ongoing and ultimately sustainable healthcare

I agree with and have signed the *Assumption of Risks, Responsibility, and Liability Waiver*. To be considered part of the group going on this **Medical Mission to Peru – 2012** I acknowledge that I should pay the fees (amount to be announced) as soon as possible used to reserve my spot on the **Medical Missions to Peru - 2012**. In the USA checks are to be issued to the order of **Christian Life Movement Inc.** and in Canada to **Solidarity Experiences Abroad Inc.**

Signature

Date



Personal Information

Full Name (as it appears on passport): _____ Passport #
_____ Passport Expiry Date: _____ Date of Birth:
_____ Male/Female: _____ E-mail
address: _____ Cell Phone Number: _____
Land Phone Number(s): _____ Postal Address:

Remember that your information on your travel documents must perfectly match your information on your air ticket. If you are deemed to be improperly documented, the airline has the right to refuse to board you and fees may apply to modify your reservation.

In case-of-emergency name(s) and telephone number(s) of contact(s) and their relation to you:

- 1) _____
- 2) _____

Please state any further medical issues we should be aware of: i.e.: Allergies, special food needs or other considerations, blood type, depression)

Please state any comments or concerns you may have:



PHOTO PERMISSION, _____ hereby give (Christian Life Movement, Medical Missions to Peru, Emmaus Medical Missions, Solidarity Experiences Abroad Inc., Solidaridad en Marcha and partners) permission to freely use pictures from the Medical Missions to Peru taken by myself or in which I appear for use in promotion and posting on their webpage. I understand that my photographs may be open to public view and will be used with due discretion.

If at any time I change my mind, I will contact Medical Missions to Peru (medicalmissions@clmusa.org) to inform of my decision and will allow one week for any changes to their website.

Signature

Date



Assumption of Risks, Responsibility, and Liability Waiver

I, _____, Passport # _____, hereby declare my intention to participate in the *Medical Missions to Peru – 2012 to Pamplona Mission* () and/or *Ayaviri Mission* (). I understand that my participation in the *Medical Missions to Peru* will take me away from home for an extended period of time. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer personal injury, sickness, death, or damage to my belongings as a result of my participation in this program. I, freely and of my own volition, accept and assume responsibility for all such risks, dangers and hazards. Accordingly, I understand that despite its best efforts of *Medical Missions to Peru* may not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that it is my responsibility to abide by all applicable *Medical Missions to Peru* and partner institutions, and host institutions' policies and regulations, and to ensure that I have adequate medical and travel insurance or health card coverage, as well as protection of my personal possessions. More particularly, I understand that *Medical Missions to Peru* does not have to carry accident or injury insurance for my benefit and that there may be certain circumstances for which I may personally be held at fault if the accompanying conditions do not relate or arise from my education or if my activities or conduct fall short of what would be considered a reasonable expectation for an individual in my position. I further acknowledge that I must be aware of and abide by the acceptable cultural norms and standards for appropriate behavior in the locations where I will be staying, and I recognize that inappropriate conduct may result in the termination of my involvement in the above mentioned program, at the discretion of the Leaders of the trip or the host institutions. I agree to be accountable in all respects for my own actions and not to expect Christian Life Movement, Medical Missions to Peru, Emmaus Medical Missions, Solidarity Experiences Abroad Inc. and/or partners or its employees or volunteers to accept the consequences there of. Furthermore, I agree to be responsible for any claims made against Christian Life Movement, Medical Missions to Peru, Solidarity Experiences Abroad Inc. and/or partners in relation to any such actions.

The participant will be notified ahead of time of the schedule and activities on the mission and he/she will be responsible to participate in some or all of them. However, if the participant leaves the mission group at any time, day or night, the participant will have taken extra and unnecessary risks not contemplated in the original plan. This behavior is not recommended and it could be considered disruptive for the well being of the mission group.

If the participant wants to arrive to Peru earlier or stay longer after the mission for tourism or other reasons, the participant is responsible for making their own travel arrangements and the participant will be responsible for their own security, expenses and risks taken.

The Medical Mission to Peru is planned by Christian Life Movement that is a Catholic organization. The mission welcomes people with different religious and systems of beliefs that want to share the spirit of service to the needy. It is important to consider that Catholic activities will be scheduled including mass, prayers and visits to religious places during the mission; all them are optional for participants in the Medical Missions to Peru.

Furthermore, should it be necessary for the participant to return home due to medical reasons, termination of participation or otherwise, he/she assumes all responsibility and transportation costs.

I acknowledge and confirm that my health insurance will cover me in case of sickness in Peru or I will purchase travel insurance for that purpose and that I have been advised by Christian Life Movement, Medical Missions to Peru, Emmaus Medical Missions, and Solidarity Experiences Abroad Inc. of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these terms and in consideration for being permitted by Christian Life Movement, Medical Missions to Peru, Solidarity Experiences Abroad Inc. to participate in the above-mentioned Medical Missions to Peru. I further acknowledge that I am abiding by laws and regulations for all other jurisdictions where the activity or program occurs.

Liability Waiver: I release and hold harmless Christian Life Movement, Medical Missions to Peru, Emmaus Medical Missions, Solidarity Experiences Abroad Inc. and partners, its employees and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this program, including, but not limited to, accidents, acts of God, civil war unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all

expenses which may incur while participating in the Medical Missions to Peru. This waiver is effective for the period of time that I will be participating in the above-mentioned program and trips related with. I understand that this agreement cannot be modified or interpreted except in writing by Christian Life Movement, Medical Missions to Peru and Solidarity Experiences Abroad Inc., and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

If you have any questions or concern prior to signing this waiver, please contact a Medical Mission to Peru staff member.

I certify that I have read and understood this waiver form:

| | | |
|--------------------------|----------------------|------|
| Signature of Participant | Signature of Witness | Date |
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If participant is under 18, both parents (or custodial parent), or legal guardian must sign below.

| | | |
|---------------------|---------------------|------|
| Signature of Parent | Signature of Parent | Date |
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