



Peru Medical Mission– Pamplona 2018

Application Process

1. Welcome Letter
2. Complete registration forms A & B
3. Complete the Assumption of Risks, Responsibility, and Liability Waiver.
4. Enclose a photocopy of your passport and Professional Licenses (for health care personnel; and passport must be valid until 6 months after landing).
5. Please mail your application with a check issued to: Silvia Ortiz or Aida Chaparro /Memo: Peru Medical Mission or to deposit directly in Wells Fargo account # 9944231662. Please send a copy of your deposit/ bank transfer.

Mail all to: Silvia Ortiz – 3511 Vista Court, Miami, Florida 33133

***Donations for the mission should be made to: “Christian Life Movement”

(CLM) Inc. that is a 501c3 in the US.



Introduction: Medical Missions to Peru, is a Catholic initiative that organizes groups of doctors, nurses, other health workers and non-medical volunteers to travel yearly to Peru, from the US (Miami, Denver and other main US cities) and Canada to provide basic medical care to communities in need of such services. People from other faiths and believes are most welcome to participate. In Peru we work together with health professionals and volunteers from “**Solidaridad en Marcha**”, part of the **Christian Life Movement (CLM, Peruvian organization)**, who help us coordinating and organizing the missions. In 2017, through our three Medical Missions trips to Peru, we were able to provide medical care to thousands of people in most needed Peruvian locations.

Goals: In 2018, our primary goal is to provide basic medical care to people living in a poor area in the city of **Pamplona-Alta**, Lima, Peru; where there is not minimum access to health care services. Most of the people that we will serve are women and children.

Next Trip: We are planning our 20th Medical Mission Trip to **Pamplona-Alta**, Peru, which will take place from **July 7 to 9, 2018** (traveling July 5 and returning July 10th). Many people that had the experience of being part of a medical mission trip to Peru, felt inspired to build and be part of next mission trips, and therefore we have had an overwhelming interest in our upcoming mission to Peru. All who have attended the Peru Medical Mission in the past will be given priority as well as anyone that has specific technical and/or logistical skills helpful to the execution of our mission. We are still in need of Doctors (IM, GP/FP, GYN, Pediatrics, Dermatologists, Podiatrists, Surgeons, Dentists, etc.) ARNP’s, PA’s, Pharmacists, Paramedics and Nurses. However, you DO NOT need to be a medical professional to volunteer.

Meetings: In an effort to ensure the smoothest possible execution of all the mission tasks, we will be holding three meetings before July 2018 in Miami, and Toronto before departure. It is expected to have the volunteers attending these meetings.

About Peru: Peru is a relatively safe country; however, we cannot guarantee safety; especially if someone does things outside the itinerary or leaves the group. For these same reasons we do not allow minors unless they are accompanied by a parent or guardian. We will provide security for the group at all times. However, you will be responsible for your own safety if you choose to arrive earlier or stay beyond the set mission dates.

Air Travel: We will be flying on LAN Peru from Miami to Lima (flights will be coordinated appropriately for those flying from other cities). We are trying to have as many as possible out-of-town (non-Miami) mission members to fly out of Miami together with us. The main group will be departing from Miami on July 5th, 2018 at approximately 5:30 pm and will be returning from Lima on July 10th at approximately 7:00 am. Currently, the Miami-Lima-Miami fare is \$707.06 (group price subject to change). We are requiring that everyone that attends the mission fly in and out on the same flights as a group. We realize that some may want to use frequent flyer miles to pay for their tickets on other airlines or may have other travel plans pre or post mission, but please be aware that we cannot make any special arrangements for transportation, lodging or luggage storage for anyone who travels outside the group itinerary. If that is the case, you will be responsible for your own transportation and lodging for the dates and times outside the group itinerary.

Housing & Meals: We will be staying at a retreat house in Lima, Peru. The cost per person for the 5 days in Lima, Peru, including transportation, lodging, meals, and two T-shirts that will identify you during the mission days, will be \$600. (This amount includes a \$150 fee that is used to buy medications and supplies needed for the mission). Restaurant meals are not covered (those usually consist of a group lunch during a city tour on the last day).

Donations: We gladly accept donations to be able to purchase medications to take with us. In previous years we have been blessed with lots of over-the-counter medications and supplies that we received as a direct donation or

that were bought thanks to cash donations. All monetary donations in the US are tax deductible (CLM Inc. is a 501c3 institution). You could also sponsor your own trip with specific donations.



Registration Form A:

I, _____ (name as it appears on your passport), with
Passport# _____, Would like to participate as a volunteer on the 2018
Pamplona Medical Mission in Lima-Peru. I know that the goal of the **Mission Trip** is organized by
Christian Life Movement to promote dignity of every human person through:

- a) Providing competent health care to the needy in Lima 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 we serve. Volunteer members are prohibited from photographing or audio recording patients or the patient's visitors during the mission for personal use, including, but is not limit to: 1- Taking pictures to share with friends and 2- Posting on the internet via social media without the consent of the patient or relatives.

I agree with and have signed the *Assumption of Risks, Responsibility, and Liability Waiver*. To be considered part of the group going on this **Mission Trip**.

Signature

Date



Personal Information B: Peru Medical Mission– Pamplona 2018

Full Name (as it appears on your passport): _____

Passport Number: _____ Passport Expiration Date: _____

Please attached a copy of your Passport.

*(For Passport information view the US Department of State Website for travelers to Peru at:
<http://travel.state.gov/content/passports/english.html>)*

Date of Birth: _____ Male/Female: _____

Occupation: _____ Specialization: _____

*** Health professionals, please attached a copy of your professional license.**

Are you Peruvian? Por favor especifique su colegiatura o RNE _____

Postal Address: _____

E-mail address: _____

Cell Phone Number: _____ Land Phone Number(s): _____

Languages: Native _____ Second _____

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

By completing this application, you attest to the fact that you are in good health, with no medical conditions that could compromise your well-being or the well-being of the mission team.

In case-of-emergency please provide us with name(s) and telephone number(s) of your Emergency Contact(s) and indicate 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:



CONSENT TO THE USE OF IMAGES AND VOICE/AUDIO RECORDINGS

I, _____ hereby give
(Christian Life Movement and Peru Medical Missions and its related entities/affiliates) permission
to freely use any pictures, recordings and/or videos which are taken by myself or in which I
appear, throughout any media or social media outlet in existence or to be created that are taken
or recorded in preparation for, throughout the duration of, and returning from the “2018
Pamplona Medical Mission in Lima-Peru”

Signature

Date



Assumption of Risks, Responsibility, and Liability Waiver

I, _____, with Passport # _____, hereby declare my intention to participate in this 2018 Medical Mission to Pamplona in Lima-Peru. I understand that my participation in the 2018 Pamplona Medical Mission in Lima-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 accord/volition, being of sound mind, do accept and assume responsibility for all such risks, dangers and hazards. Accordingly, I understand that despite its best efforts the Christian Life Movement, Medical Missions to Peru, Solidaridad en Marcha, and any of the “2018 Pamplona Medical Mission in Lima-Peru” Organizers or their affiliates 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 Pamplona Medical Mission’s Organizers, partner or affiliated institutions, and host institutions’ policies and regulations, and to ensure that I have adequate medical and travel insurance or health care coverage, as well as protection of my personal possessions. More particularly, I understand that the Pamplona Mission’s Organizers do not have to carry accident or injury insurance for my benefit. Additionally, I understand 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 mission duties 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 accepted cultural norms, and standards of appropriate behavior in the locations where I will be staying or visiting during the mission trip. In addition, I recognize that inappropriate conduct may result in disciplinary action or termination of my involvement in the above-mentioned program, at the discretion of the Pamplona Medical Mission’s Organizers or the host institutions. I agree to be accountable in all respects for my own actions and not to expect the Pamplona Medical Mission’s Organizers, or its directors, employees or volunteers to accept the consequences thereof. Furthermore, I agree to be responsible for any claims made

against the Pamplona Medical Mission's Organizers or its directors, in relation to any such actions.

I acknowledge that I have been advised by the Pamplona Medical Mission's Organizers, 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 the Amazonas Mission's Organizers to participate in the above-mentioned Mission to the Amazonas Region in Peru. I recognize that the Amazonas Mission's Organizers will not supervise any other programs, living arrangements, or other activities with exception of the direct ones stated above. I further acknowledge that I am of legal age and will inform myself of, and abide by, the legal age limits, laws, and regulations for all other jurisdictions where the activity or program occurs.

LIABILITY WAIVER: I RELEASE AND HOLD HARMLESS CHRISTIAN LIFE MOVEMENT (CLM), MEDICAL MISSIONS TO PERU, SOLIDARITY EXPERIENCES ABROAD, SOLIDARIDAD EN MARCHA, ITS DIRECTORS, EMPLOYEES, ANY OF ITS AFFILIATES, AND ITS AGENTS FROM ANY AND ALL LIABILITY. ALSO, FOR ANY LOSS, DAMAGE, INJURY, OR EXPENSE THAT MY NEXT OF KIN OR I 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 MISSION TO PAMPLONA-LIMA PERU 2018. THIS WAIVER IS EFFECTIVE FOR THE PERIOD OF TIME THAT I WILL BE PARTICIPATING IN THE ABOVE-MENTIONED PROGRAM AND TRIPS RELATED THEREWITH. I UNDERSTAND THAT THIS AGREEMENT CANNOT BE CHANGED OR MODIFIED EXCEPT IN WRITING BY CLM OR SOLIDARIDAD EN MARCHA, 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 consult your attorney.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS ASSUMPTION OF RISKS, RESPONSIBILITY, AND LIABILITY WAIVER

Name:

Date:

Assumption of Risks, Responsibility, and Liability Waiver

MINOR CONSENT

I _____, THE PARENT OR LEGAL GUARDIAN OF _____ "PARTICIPANT" HEREBY RELEASES, FOREVER DISCHARGES, AND AGREES TO HOLD THE CHRISTIAN LIFE MOVEMENT, MEDICAL MISSIONS TO PERU, SOLIDARITY EXPERIENCES ABROAD, *SOLIDARIDAD EN MARCHA*, ANY OF ITS AFFILIATES, ITS DIRECTORS, EMPLOYEES AND ALL VOLUNTEERS, HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LAWSUITS. AS WELL ANY EXPENSES ARISING FROM PERSONAL INJURY, SICKNESS, DEATH, OR PROPERTY DAMAGE OF ANY NATURE WHATSOEVER WHICH MAY BE INCURRED OR SUFFERED BY THE UNDERSIGNED AND OR THE PARTICIPANT, WHILE ATTENDING THE **(2018 PAMPLONA MEDICAL MISSION LIMA-PERU)** FURTHERMORE, THE UNDERSIGNED HEREBY ASSUMES ALL RISKS OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGES AND EXPENSES ARISING FROM THE UNDERSIGNED'S OR PARTICIPANT'S PARTICIPATION IN ALL ACTIVITIES, INCLUDING RECREATION AND WORK ACTIVITIES INVOLVED IN THE ABOVE ACTIVITY. IN ADDITION, AUTHORIZATION AND PERMISSION IS HEREBY GIVEN TO FURNISH ALL NECESSARY TRANSPORTATION, FOOD, AND LODGING FOR THE UNDERSIGNED OR PARTICIPANT.

I also give my permission for use of any photos taken throughout the course of the program for its future publicity.

If Participant is under 18 years of age:

We (I) are the parents(s) or legal guardian(s) of the Participant, and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and one or both of us will go with the minor in the trip. 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 will 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.

Furthermore, should it be necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. I also confirm that my health insurance will cover me in case of sickness in Peru or I will purchase travel insurance for that purpose.

If Participant is under 18, both parents (and custodial parent), or legal guardian must sign.

Participant's Signature: _____ **Date:** _____

Phone: (day) _____ **(evening)** _____