

# Virginia Chapter, American College of Surgeons Surgical Resident Humanitarian Travel Program Agreement and Release from Liability

1. I, \_\_\_\_\_ acknowledge that I have voluntarily applied for a scholarship from the Virginia Chapter of the American College of Surgeons.

2. I have read and understand information for VA ACS Scholarship Applicants, and I represent that all information contained in the VA ACS Humanitarian Travel for Surgical Residents Application is complete and accurate.

3. I understand and agree that my participation in the Program and my acceptance of funds for reimbursement of expenses will not create an employment agency relationship with VA ACS or any of its sponsors or donors, none of which assume any responsibility for my rendition of medical care while participating in the Program.

4. I understand that the scholarship funds are to be used only for expenses relating to the Humanitarian trip to the developing country such as airfare, food, and lodging, and are not to be used for personal items or deemed to be payment for services rendered. Any expenses exceeding the scholarship funds will be my sole responsibility.

5. I have consulted with and will continue to consult with the United States Department of State, the Center for Disease Control, and any other public or private entities deemed by me to be necessary to determine the safety and medical risks which are known to exist at the overseas site to be visited.

6. I am aware that working in developing countries, particularly in the health field, is or may be a hazardous activity. I am voluntarily participating in this activity with knowledge of the danger and risks involved and agree to accept any and all risks of illness, injury, or death.

7. In consideration of my receipt of scholarship funds to assist me in my desire to participate in the program, I agree that:

A. I will not make a claim against or sue VA ACS, its successors, assigns, officers, directors, sponsors, or donors for illness, injury, or damage resulting from my participation in the program or the acts or omissions of VA ACS, its officers, directors, sponsors, or donors.

B. I hereby release VA ACS, its successors, assigns, officers, directors, sponsors, and donors from all actions, claims, rights, demands, damages, obligations, and liabilities that I may have or incur for illness, injury, or damage with respect to my participation in the program.

C. I agree to allow myself to be photographed or video recorded while participating in the Program. I also agree to allow any such photographs or video footage to be used by VA ACS or its sponsors and donors for any purpose.

D. I agree to provide a written summary and photographs of my participation in the Program to VA ACS within three months of the conclusion of my participation.

E. I agree to cite or make reference to VA ACS as a sponsor in any publication in which I participate with respect to my participation in the Program.

8. The provisions of the Agreement and Release from Liability shall be binding upon my successors and assigns.

9. I have carefully read this Agreement and Release from Liability and fully understand its contents. I am aware that this is a release of liability and a contract between VA ACS and me. I am signing this agreement of my own free will.

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

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