

**WAIVER FOR PARTICIPANTS ON ROSE CHARITIES PROJECTS and/or ROSE CHARITIES or AMDA CANADA EMERGENCY RELIEF ACTIVITIES and/or OPERATION FIRST PROJECT(S)**

**IMPORTANT: It is a pre-requisite for participants in Rose Charities / Operation FIRST / AMDA Canada project or Emergency Relief Activities to read and sign this document before taking part in any Rose Charities/AMDA Canada/Operation FIRST related activities.**

In this waiver “**Rose**” shall include Rose Charities, Canada, AMDA Canada, Operation FIRST, ROSEcharities New Zealand, Rose Rehab Trust (UK), Rose Charities USA, Rose Charities Australia, ROSE Charities Cambodia, and any other Rose Charities or Rose Charities affiliated associations or project-sites **and any of their directors, officers, agents and employees.**

I \_\_\_\_\_ accept that I participate in Rose Charities/AMDA Canada / Operation FIRST projects and associated programs (hereinafter collectively referred to as “Projects”) at my own risk. I fully realize that Projects function under difficult conditions which may carry risk, **INCLUDING THAT OF LOSS OF LIFE. I accept that any risk taken will be my own responsibility and not that of Rose. I specifically waive any right to claim against Rose for any loss, damage or injury, whether physical or economic, in any way arising from or related to my participation or presence at a Project. ....Initial**

I specifically acknowledge that countries in which Projects operate may have **high incidences of known and unknown infectious diseases**, including, without limitation, tuberculosis, human immunodeficiency virus (leading to AIDs), other infectious diseases, such as may be transmitted by insect, vermin or any other vector or transmission method. I understand that that patients under treatment, project staff and/or human contacts, may well expose me to such diseases and result in contagion to me and those I come into contact with and I assume all risk in approaching, treating or coming into contact with such persons. ....Initial

I also understand that Rose projects may be undertaken in areas of the world which harbour either ongoing or recent political, civil or military conflict. I accept responsibility for any injuries which may occur to me as a result of same. Furthermore, I undertake not to remain in any such areas should I not be personally satisfied that the danger level is acceptable to me. **I will comply with any instruction or order of Rose, including immediate evacuation, aimed at maximizing safety.** I acknowledge however that any instruction of Rose does not imply, suggest or confer any responsibility on Rose to be responsible or obliged to make any assessment of an ongoing situation and that it thus remains my own responsibility to make proper assessment of my own safety and act immediately to ensure it. ....Initial

**I am aware that the risks I assume in participating in a Project include the following specific possibilities. 1) Accidental injury of any nature or severity. 2) Deliberate injury or death due to hostile act, criminality or other cause 3) Injury or disease leading to disability 4) Contagious or other disease leading to disability or death. ....Initial**

I also specifically acknowledge that it is my own responsibility if I chose to use Rose vehicles or any transportation method to transport myself on Rose matters or to and from Rose centers of activity. Rose does not at any time warrant any vehicle in the care, custody or control of Rose or its affiliates to be safe or roadworthy and if I use any such vehicles as passenger or driver I could be risking death or injury.... ....Initial

I acknowledge that the specific risk areas noted above are not exclusive of any of the other possible risks of working in / participating in / observing Projects. I realize that the Projects are operated as not-for-profit works of charity and that the agreement of Rose for me to partake in their project activities is only for these purposes.....Initial

Page 1 of 2

I acknowledge that either Rose or I can, for any reasonable cause, terminate my activities on a Project at any time. ....Initial

**IT IS IMPORTANT THAT YOU READ THIS DOCUMENT CAREFULLY AS YOU ARE WAIVING LEGAL RIGHTS AND ENTITLEMENTS.**

My signature below indicates that I have read, understood and agree to the conditions above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Position or contact address / email of witness \_\_\_\_\_

IMPORTANT ADDITIONAL INFORMATION FOR ELECTIVE STUDENTS.

**( Please acknowledge that you have read and understood this information by signing at the bottom and returning with the waiver).**

1. It is important that you, the Elective student, understands that visits to project sites are authorized by the local Rose Charities Organization or other Cooperating field organization(s) and not by Rose Charities Australia, New Zealand, UK, Canada or USA. While these organizations may assist with communication or information, it is ultimately the decision of the local field organization whether to accept or decline to allow you to spend time with them.
2. Each of the Rose Charities organizations in the network are entirely legally independent organizations. Permission given by one Rose Charities organization has no legal standing with any of the others.
3. From the perspective of the field organizations, your presence there is purely that of a visitor at your own risk and according to your own wishes.
4. **If you are unhappy or uncomfortable in any way you should leave the project immediately. Failure for you to do so will constitute a breach of trust between you and the field organization.**
5. Your visit is through your own wish and under your own responsibility. It is your responsibility to take all measures and precautions for your own health and safety. These include comprehensive health and travel insurance and the taking and following of current advice from your local travel-clinics. Advice of your own Embassies or Consulates should also be adhered to. You must understand that facilities and resources are generally much less developed than in your own country.
6. The Rose Charities organizations who run their field projects do so for the benefit of their local populations and have no special teaching or logistical facilities specifically for medical students.

*I have read, and fully understood all the information and above and agree to comply by it*

*Signed*

*Date.*

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The completed waiver and 'additional information letter' may be sent to the following Rose Charities addresses. Faxed copies are acceptable by agreement in situations of limited time, but the original must also be sent . Fax +1-810-592-0595

Australia: 51 Kerrs Road, Lidcombe, New South Wales 2141

Canada.: 1870 Ogden Ave, Vancouver, B.C. V6J 1A1,

New Zealand: c/o Midgleys & Partners. Level 2, ABN AMRO Craigs House, 90 Armagh Street,  
P.O. Box 3714. Christchurch

United Kingdom (and E.U.): 10 Crownfields, Sevenoaks, Kent, UK, TN13 1EF

United States. 250 'H' Street, PMB 428, Blaine, WA 98230