



SASS



Sisters as a
Support System

Sisters As a Support System (SASS) VOLUNTEER PROGRAM INFORMATION ACCEPTANCE OF POLICIES

Participants agree to the following guidelines:

- ◇ I have read and understand the **SASS Volunteer Program Information**, the required and suggested insurance information and required payment: I agree to abide by all policies and rules stated in these documents.
- ◇ I understand that my acceptance is contingent upon my remaining in good standing with my institution, company or university and that SASS reserves the right to revoke my acceptance if I am placed on probation.
- ◇ If my participation in the program is revoked because I have been placed on probation, I am still responsible for personal expenditures including the cost of airline tickets, and any non-refundable program costs owed to SASS (whether already paid or not).
- ◇ I agree to read thoroughly all orientation materials provided.
- ◇ I agree to attend any required orientation session and return all forms by stated deadlines. Failing to meet obligations as agreed may result in removal from the program.
- ◇ I agree to participate in the full length of the program, according to the dates indicated in the program calendar.
- ◇ Refund Policy: All refunds must be submitted in writing to Dr. Debra Krotish at Debra.krotish@gmail.com.
 - ◇ All refunds will be compensated at the discretion of the Executive Director by the method paid or by check.
 - ◇ Extenuating circumstances and appeals, not limited to but to include, death, grave illness, natural disasters, and acts of God will be reviewed by the Board of Directors to determine fair resolution.
 - ◇ Refunds will be made:
 - a. Prior to 45 days to departure, full refund.
 - b. 45 days prior to departure, 75% of the total paid.
 - c. 44 to 15 days prior to departure, 50% of the total paid.
 - d. 14 days prior to day of departure, no refund.
- ◇ Risks of Travel. I understand that participation in this trip and international travel generally involves risks that may be different from the ones found in the US. These include without limitation risks involved while traveling to, from, and within the trip destination; foreign political, legal, medical, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local weather conditions; as well as risks generated by the activities in which I engage while on the trip. The country to which I will travel may have health and safety standards that differ from those in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that SASS recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.
- ◇ I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which or in which I am traveling, including, without limitation, the U.S. Department of State Consular Information and the State Department Warning (if applicable) <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> . I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization



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website (<http://www.who.int/>). With knowledge of this information, I have made the independent judgment to participate in the trip.

- ◇ I understand that I am subject to the laws of Peru and/or Guatemala where I am studying/working/volunteering. I also understand that it is my responsibility to be informed about the laws of the country and to conduct myself in a manner that complies with those laws.
- ◇ I understand that I am required to carry health or accident insurance that will adequately cover me while I am abroad, and that I will be responsible for any expense associated with inquiries or illnesses that may occur, including the cost of medical evacuation and repatriation of remains. In case of emergency, I authorize the SASS staff to obtain necessary treatment on my behalf.
- ◇ Knowing the risks described above, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify SASS, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence.

By signing below, I agree that I have read the policies and agree to abide by SASS volunteer program policies and the policies set forth by my organization.

***If under the age of 18, parent or legal guardian must also sign.**

Volunteer Printed Name: _____

Volunteer Signature: _____ Date: _____

*Volunteer's Parent/Guardian Printed Name: _____

*Volunteer's Parent/Guardian Signature: _____ Date: _____