



# Volunteer Disclosure of Risks and Dangers

## Assumption of Risk Form

The Foundation for Integrated Medicine in Africa (FIMAFRICA) (hereafter known as FIMAFRICA) provides the opportunity for various volunteers to work in our office and/or affiliate clinics in Kenya and in various other countries in Africa and to engage in such activities, which are in accordance with our stated purpose. In order to carry out this purpose, volunteers will live and travel while in these countries as the local people do, which may expose him/her to concomitant risks. The list below does not cover every conceivable risk, but is intended to be representative:

**General Risks and Dangers:** There are general risks associated with travel of any sort. In addition, in Kenya and the rest of Africa, there may be additional risks and dangers:

**Transportation:** Standards of transportation safety, including but not limited to the following, are lower in African countries than in developed countries, and are outside the control of FIMAFRICA: the condition, maintenance and safety requirements of surface, air, and water vehicles; the condition, maintenance and policing of roads, airways, and waterways; training and licensing of vehicle operators; requirements for personal safety such as seat belts; travel in the back of an open truck; provision for rescue operations in case of accident; and general safety standards with respect to any aspect of public or private transportation.

**Health and Sanitation:** Standards of health and sanitation in Africa are lower than in the U.S and/or Canada. As a result, a Volunteer may be exposed to contaminated food and water and to other medical problems and diseases endemic to the area, including but not limited to those hepatitis A, various gastroenteritis bouts, dengue, malaria, chagas, tuberculosis, parasites including giardia lamblia, entoameoba histolitica, entoameoba coli, tineas and other molds, various upper respiratory infections including but not limited to pneumonia, asthma, and bronchitis due to dust in general, open stove cooking over wood, burning trash.

**Medical Care:** While there are doctors and clinics in various towns in Africa which can provide basic medical care, appropriate medical care under some conditions are outside the control of FIMAFRICA and will be limited or unavailable for the following reasons: limited medical supplies and facilities to treat a condition that otherwise might be manageable, inadequate training of medical personal, limited or non-existent diagnostic tools and laboratories, lack of an ambulance or other medical transportation, and limited or non-existent communication systems such as radio or telephone. For example, there are no large hospitals (and hence xray or diagnostic tools) within many of the areas where FIMAFRICA's activities may be conducted.

**Bites:** A Volunteer Delegate may be exposed to bites from dogs, poisonous snakes, insects, spiders, scorpions, etc. Mosquito bites may cause malaria or dengue fever.

**Other Conditions:** Various other types of risks and dangers occur in certain countries in Africa

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because of conditions arising from the fact that they are underdeveloped countries, including but not limited to the following: inadequate supply of life preservers on boats, lack of lifeguards at public swimming places, fewer police and other enforcement officials, criminal or terrorist activity, political unrest, personal or family conflict, uncontrollable disease epidemics, natural disasters including but not limited to floods, fires, earthquakes, hurricanes and volcanic eruptions. Unknown and/or unanticipated risks may be encountered during the trip.

**Note:** There have been travel advisories declared by certain governments to certain countries in Africa. We recommend that you check with your local responsible government office/embassy and obtain advice on traveling to these countries.

We also stress that you check with your insurance company whether they will cover you during your travel/stay in the countries that you will be in. Many insurance companies **do not** provide coverage in countries against which there has been a travel advisory issued.

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I, the undersigned Volunteer, understand that the risks described above in the *FIMAFRICA VOLUNTEER DISCLOSURE OF RISKS AND DANGERS - ASSUMPTION OF RISK FORM* exist, and that as a result there is the possibility of serious illness, disability, accident, or even death. I have read completely the “Disclosure of Risk” info above and I have had the opportunity to ask questions about the risks and dangers associated with such a trip. I understand these risks are inherent in the trip, and as a condition of participation in the trip I hereby assume the risks and dangers associated with such a trip voluntarily and without any coercion of any kind.

As a Volunteer I also understand that while FIMAFRICA and/or its representatives will make all reasonable efforts to assist me in locating and obtaining first aid and basic medical care should the need arise, FIMAFRICA will not assume responsibility for or pay for any medical expenses which I may incur while I am acting as a Volunteer Delegate. I also understand that I am responsible for carrying my own basic Catastrophic Medical Insurance policy or other Emergency Evacuation Travel Medical Insurance. My signature below indicates that I will carry and maintain any additional necessary medical insurance while I am acting as a Volunteer, and that I will be responsible for my own medical and mishap expenses.

Furthermore, I agree to release and hold harmless, to the fullest extent allowed by law, the Foundation for Integrated Medicine in Africa (FIMAFRICA), its members, Board of Directors, affiliated organizations, employees officers and representatives from all claims and liabilities that may accrue from my participation with the trip or extended stay with projects related to the Foundation for Integrated Medicine in Africa (FIMAFRICA). In addition, I agree to bring no claim, suit or proceedings against FIMAFRICA or its employees, agents and officers for any injury, death, damage or loss that may arise as a result of this visit.

This waiver is entered into on my behalf and on behalf of any minors accompanying me, and is binding on my assigns, heirs and legal representatives.

If any portion of this waiver is unenforceable such portion shall be struck out provided that the remaining portion shall remain in full force and effect.

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**Signature of Volunteer**

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**Date**