Volunteer Agreement & Liability Waiver

I, being of lawful age, acknowledge that I have freely volunteered to participate in the **COHOC Mission – Antigua** without any undue influence or coercion, and I acknowledge and agree to the following:

Assumption of Risk

I understand that participation in an international humanitarian dental mission involves inherent risks, including but not limited to illness, injury, exposure to infectious diseases, travel-related risks, environmental conditions, limited access to medical care, and loss or damage of personal property.

I voluntarily assume all such risks associated with my participation in this mission.

Responsibility & Conduct

I agree to perform **only** those clinical or non-clinical duties for which I am appropriately trained, licensed (if applicable), and authorized by COHOC mission leadership.

I will follow all clinical protocols, infection control measures, safety standards, and instructions provided by COHOC mission leaders.

I understand that scope of practice will be strictly enforced and that final clinical decisions rest with designated COHOC team leaders.

I agree to conduct myself in a professional, ethical, and respectful manner at all times, including during clinic hours, travel, lodging, and social activities.

I understand that harassment, discrimination, unsafe clinical practice, intoxication, substance use, or behavior that reflects poorly on COHOC or the host community will not be tolerated and may result in immediate dismissal from the mission at my own expense.

Travel, Insurance & Health

I understand that I am responsible for obtaining my own valid passport, visas (if required), and personal travel and medical insurance.

I acknowledge that any fees required for transportation and accommodation must be paid by the stated deadlines, unless I have made independent arrangements.

I understand that any mission arranged airfare is non-refundable and that costs related to changes or cancellations are my responsibility.

I acknowledge that it is my responsibility to review and comply with health and vaccination recommendations from Government of Canada Travel Health, the CDC, and/or a licensed travel clinic.

Media, Privacy & Social Media

I consent to the use of photographs or videos taken during the mission for COHOC documentation, education, or promotional purposes.

I agree to respect patient dignity, confidentiality, and privacy always, including when taking photos or posting on social media.

I understand that use of the COHOC name, logo, or branding requires prior approval.

I agree to remove any content deemed unprofessional or inappropriate upon request by COHOC leadership.

Liability Waiver

I release and hold harmless COHOC, its mission coordinators, team leaders, volunteers, partners, sponsors, and affiliated entities from any and all claims, liabilities, damages, or causes of action arising from my participation in this mission, except where prohibited by law.

I acknowledge that I am solely responsible for my own actions, decisions, health, and conduct during the mission.

Acknowledgement

I confirm that I have read, understood, and agree to all terms outlined above.

Full Name (print)

Signature

Date (DD/MM/YYYY)
