

Volunteer Waiver and Release

Volunteers serving with the Osu Children's Library Fund (OCLF) in Ghana are asked to carefully read and sign the following waiver prior to their departure for Ghana. This will indicate their understanding of and compliance with the terms specified therein. OCLF also asks volunteers to complete the attached medical information sheet in case of any emergency.

I _____ understand that my volunteer experience in Ghana is entirely at my own risk and that although I am serving under the auspices of OCLF, this waiver fully relieves the organization of all responsibilities and liabilities.

- I travel and live in Ghana at my own risk.
- I understand that transportation in Ghana holds more risk than in Canada and I assume all responsibility for my personal travel and do not hold OCLF responsible if there is a vehicle accident.
- All costs incurred by me during my stay will be my personal responsibility.
- I take all moral, medical and legal responsibilities for my decisions and their consequences.
- I consent to take all recommended precautions and use sensible judgment in all cases.
- I agree to purchase adequate accident and sickness insurance for the duration of my stay.
- I understand that if I fail to purchase lost baggage insurance that I cannot hold OCLF responsible for its loss.
- I agree that if I have any personal food allergies or preferences of living or eating, it is up to me to find a way to accommodate them.
- I understand that it is my responsibility to ensure that I have received all necessary medical shots prior to leaving. OCLF recommends malaria pills be taken for the duration of your stay.
- If I neglect to follow through on any of these stipulations, I do so at my own peril.

In consideration of OCLF helping me to serve in Ghana, I completely and fully discharge and release OCLF, its officers, directors, agents, affiliates, volunteers and employees from any claims of any kind associated directly or indirectly with my travel and living in Ghana.

Signed by: _____

Date: _____

Witnessed by: _____

Date: _____