



Acknowledgement of Risk and Waiver:

The purpose of this form is for the Office of Volunteer Ministries (hereafter called OVM) to provide you with safety and security information that will allow you to make an informed decision about whether you will engage in the Adventist Volunteer Service program.

The Acknowledgement of Risk document executed on this _____ day of _____ (month) _____ (year) by _____ (the "I" or volunteer) in favor of the OVM

I, _____ (volunteer name) desire to travel for the OVM to engage in the Program activities as stated in the approved AVS service request, I hereby freely and voluntarily, without duress, execute this acknowledgment under the following terms:

Acknowledgement of Risk, including COVID-19- Related Risks: By signing this document, I acknowledge that I am aware of and accept all the risks inherent in traveling to, living in, and working in the AVS program or other AVS approved travel locations including, but not limited to, the hazards of working, living and traveling in a politically unstable or dangerous area, the peril of war or terrorism, the forces of nature, illnesses and accidents. I understand that OVM is committed to meeting its legal obligation to protect and care for people working on AVS projects may expose me to inherent, unforeseeable and/or unavoidable risks. I fully understand and accept the following risks.

- Travel into or out of a country may not be possible, safe, or medically advisable.
- Medical and/or security evacuation services may be limited, restricted or unavailable in many AVS program or travel locations.
- Governments may respond to a COVID-19 outbreak by imposing public health measures closing borders, and/or prohibiting non-citizens from entry with little advance notice; there may also be widespread work shutdowns, mass terminations, furloughs, and local travel restrictions.
- The U.S. government may not be able to assist me in returning home, providing supplies or medical treatment during the pandemic; other countries will likely be similarly constrained in assisting their citizens abroad.
- I may be forced to remain outside of the United States or my home country for an indefinite period of time.



Acknowledgement of Risk and Waiver *continued*:

- The CDC [*is currently advising/has recently advised*] against all non-essential travel to other countries;
- If I am sick or have underlying health conditions, I will be at even greater risk if I travel or are posted away from home;
- I may face delays or not be able to travel home to care for loved ones who may become sick or need help during the pandemic;

1. Reading and following all OVM policies;
2. Adhering to any OVM schedules and/or restrictions for the entirety of the Program;
3. Completing and returning the Statement of Beneficiary Form prior to my departure on _____[date].
4. Reading and understanding all published warnings and risks regarding the country and region of travel, available through: the Centers for Disease Control <http://www.nc.cdc.gov/travel/> World Health Organization <http://www.who.int> and the U.S. Embassy upon arrival in the country.

If I choose to not follow policies or directions, disciplinary action up to termination may occur.

Other Requirements: I agree to read all pages of this acknowledgement or risk/waiver document and any supplemental documents, ask questions or share any concerns I have with OVM prior to _____[date] and will sign and return the form before my departure on _____[date]

By signing below, I express my understanding of the risks listed above and my intent to willingly and voluntarily assume those risks while participating in the Program.

Name (Please Print) _____

Signature _____ Date: _____