

FLINDERS OVERSEAS HEALTH GROUP INC

AGREEMENT AND RELEASE FROM LIABILITY

I(Name of releasor) hereby agree to abide by and adhere to the standards of ethical and professional conduct as set out in the Rules and Charter of the Flinders Overseas Health Group Incorporated.

I hereby acknowledge that I am participating as a volunteer in the programme of my own free will and desire and I understand the risks involved in doing this.

In consideration for being allowed to participate in the volunteer programme I agree to hold harmless and release Flinders Overseas Health Group Inc, its officers, agents, employees, associates and any other volunteers (hereinafter collectively called "the Sponsor") from any liability due to accident, illness, death, injury, travel by air, travel by ground transportation or acts of violence that may occur. I agree that the Sponsor is not in any way responsible for my welfare, well being, safety or health during the period of my participation. I hereby covenant and agree that my participation is at my own risk and I hereby release the Sponsor to the full extent of the law from any liability for loss, expense, damage to person or property or any other liability whatsoever.

I understand and am aware that my participation in the programme may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance, the hazards of politically unstable areas, the danger of civil disturbance and war, kidnapping, the forces of nature, contact and transmission of communicable diseases, acts or omissions of the Sponsor and accidents or illness in places without access to medical facilities, transportation, and /or means of rapid evacuation or assistance.

I have had the opportunity independently to familiarise myself concerning the risks herein described and have satisfied myself that there are grave risks associated with trips overseas and particularly to Indonesia. I am aware that my participation as a volunteer and my use of transportation, housing and dining services and other goods and services in connection with my participation carries a risk of serious personal injury, illness, death and property damage or loss that may be a result from my participation as a volunteer in and/or my use of goods and services in connection with my participation.

I accept all responsibility for loss or additional expenses, including, but not limited to delays or other unforeseen causes.

I have read and understood the Department of Foreign Affairs and Trade (DEFAT) Bulletin regarding the current dangers and conditions of travel in Indonesia, and with this knowledge I accept full responsibility for my participation in this programme.

I understand that the Sponsor may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation whilst I am an overseas volunteer. In the event that I am unable to make my own medical decisions, I acknowledge and agree that the Sponsor's representative may make those decisions on my behalf.

I authorise the staff of the Sponsor to obtain emergency medical treatment, should treatment be necessary. I release the sponsor from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with my activities as a volunteer of the Sponsor.

I have reviewed my own medical and travel insurance and acknowledge that it provides sufficient medical and general coverage for me for any trip I may make as a volunteer to Indonesia under the sponsorship of the Sponsor. I further agree that if any illness, injury or bodily harm should come to me while participating as a volunteer, that the Sponsor is not financially responsible in any way for medical care, loss of goods, transportation or any other costs that should arise.

I further agree to conduct myself in accordance with the Sponsor's policies on general behaviour and at the same time respecting the customs, traditions and laws of Indonesia. I understand that the Sponsor reserves the right to send me home if I fail to comply with its policies. I authorise the Sponsor the right to use at its discretion any photos or news about my experience without compensation or additional approval by me.

This release of liability shall be effective for the entire duration of the period whilst I am a volunteer of the Sponsor. I also hereby covenant and agree that I and my heirs, executors, guardians and legal representatives will not make any claim against or sue the Sponsor for any loss injury or damage of any kind resulting from my participation as a volunteer of the Sponsor.

I further agree not to use the name of the Sponsor for any commercial purpose without the prior written consent of the Sponsor.

Should any of the provisions of this Release or portions thereof be found to be invalid by any court of competent jurisdiction, the same shall be severed herefrom and the remainder of this Release shall nonetheless remain in full force and effect. This Release shall be construed in accordance with the laws of the State of South Australia.

Signed.....Date

Witness SignatureDate

Name

FLINDERS OVERSEAS HEALTH GROUP INC ABN
P O BOX 280 HAHNDORF S A 5245