

SUN



ERGOS

Serving orphans, widows and the poor

SUNERGOS INTERNATIONAL
24 Roy Street, Suite 191, Seattle, WA 98109
info@sunergosinternational.org
www.sunergosinternational.org

RELEASE OF LIABILITY

Know all men by these present:

WHEREAS, I _____ voluntarily plan to participate as an Intern/Volunteer in **SAINT PETERSBURG, RUSSIA** and all related activities sponsored by **SUNERGOS INTERNATIONAL** short term missions ministry, and

_____ I understand that as a **Sunergos International** Intern/Volunteer there are certain risks
(Initials) involved in participating in a cross-cultural ministry that could potentially cause harm to myself. Some of these risks include, but are not limited to, exposure to foreign germs and diseases, interaction with people who have different health standards than I am used to, riding in vehicles that do not have the same safety features I am used to, terrorism, and participating in normal activities that could cause injury, death and/or other risks.

_____ I acknowledge that the stress of living in another culture can cause fatigue which can
(Initials) cause me to be more susceptible to contracting illness, which the medical facilities available may not be at the standards I am used to in the United States and that this may cause a delay in getting the medical treatment I want.

_____ I further acknowledge that I have taken the prescribed shots and will carry with me
(Initials) certain prescribed medicines to protect me from various identified diseases. These prescriptions are either requirements to get into the country or are recommendations from the Center for Disease Control. I also recognize that if I have not chosen to take the recommended shots and/or medications that it is my own personal decision, and I hereby release **Sunergos International** from any liability for any illnesses or conditions contracted as a result of my decision.

_____ I understand that terrorist acts occur at random and are unpredictable. I further
(Initials) acknowledge that I must be aware of my surroundings, and that assistance from law enforcement in certain situations may not happen quickly. I shall be conscious to avoid situations or areas that may be designated as “unsafe” by U.S. or other governments.

_____ In spite of these risks, I willingly participate with **Sunergos International** and do not
(Initials) hold **Sunergos International** or any of the organizations or individuals we work with responsible for my well being while participating with **Sunergos International**.

_____ I further release **Sunergos International** from any responsibility for myself during any
(Initials) travel done on my own outside of the normal dates or activities as an Intern/Volunteer for **Sunergos International** in **St Petersburg, Russia**.

NOW THEREFORE, in consideration of the privilege to participate extended to me by **Sunergos International**, through its officers, agents, servants and employees, I do hereby, for myself my heirs, executor and/or administrator, successors, assigns or my agents, remise, release and forever discharge **Sunergos International** and all its officers, agents, servants, employees, and all other persons, firms corporations, associations or partnerships (hereinafter "Releasees") acting officially or otherwise, from any and all actions, causes of action, liabilities, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including but not limited to any accident while participating individually or with others in said events. Such remise release and discharge shall extend to but shall not be limited to any claim arising from the sole negligence or concurrent negligence on the part of Releasees.

I acknowledge that the terms of this release are contractual and binding.

I HAVE READ AND AGREE TO THIS RELEASE OF LIABILITY:

Signature Date

Parent Signature (required if under age 18) Date

Name (Please Print)

Address

Phone Number

WITNESSES:

Witness Name (Please Print)

Witness Name (Please Print)

Address

Address

Phone

Phone

Witness Signature Date

Witness Signature Date



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INSURANCE INFORMATION

_____ I have **INTERNATIONAL medical and accident insurance** with:
(Initials)

_____ Name of Company

_____ Policy Number

_____ My medical and accident insurance will cover all medical expenses on the trip.
(Initials) I know how to use my medical insurance and how to get reimbursed for the medical expenses. I will have a Credit Card with me in order to pay for medical expenses on the trip.

CAUTION: Read before signing:
By signing this release you will relinquish legal rights that may have otherwise accrued to your benefit.

I HAVE READ AND AGREE TO THIS RELEASE:

_____ Signature _____ Date

_____ Parent Signature (required if under age 18) _____ Date

_____ Address

_____ Phone Number

WITNESSES:

_____ Witness Name (Please Print)

_____ Witness Name (Please Print)

_____ Address

_____ Address

_____ Phone

_____ Phone

_____ Witness Signature _____ Date

_____ Witness Signature _____ Date

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CONSENT TO TREATMENT

Name (hereinafter "Intern/Volunteer")

ST. PETERSBURG, RUSSIA

SUNERGOS INTERNATIONAL Location

TATIANA V. MENDAKOVA

SUNERGOS INTERNATIONAL Leader (hereinafter "Agent")

Consent to Treatment

I, _____
as a voluntary Intern/Volunteer of the **SUNERGOS INTERNATIONAL**, do hereby authorize my Leader, **TATIANA V. MENDAKOVA**, acting as my Agent to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed generally advisable according to the best judgement of my leader, and is rendered under the general or specific supervision of any licensed physician or surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital that has provided me with treatment to surrender my physical custody to my Leader (Agent) upon completion of treatment.

These authorizations shall remain effective through the below period unless sooner revoked in writing and delivered to the Agent. **EFFECTIVE DATES:** _____.

Team Intern/Volunteer Signature

Date

WITNESSES:

Witness Name (Please Print)

Witness Name (Please Print)

Address

Address

Phone

Phone

Witness Signature

Date

Witness Signature

Date