

Children's Surgical Centre,
Kien Khleang Phnom Penh Cambodia
P.O.Box 1060, Phnom Penh, Cambodia. Telephone 023 430 202

CONDITIONS OF AGREEMENT

FOR
UNDERGRADUATES, GRADUATES, POSTGRADUATES
MEDICAL DOCTORS AND SURGEONS,
AND ANCILLARY MEDICAL PERSONNEL
FROM OVERSEAS COUNTRIES

I of
(address)

being a
(eg general surgeon)

ofUniversity

agree, without qualification, to the conditions specified within this agreement.

1. Neither Children's Surgical Centre Cambodia nor any of the associated organizations (ROSEcharities Cambodia, ROSEcharities USA) shall be held responsible for any injuries, infections, illnesses, diseases, incidents or any other event affecting my well-being, while I am observing at or participating in any approved activity of the hospital.
2. I acknowledge that it is at my personal risk and personal responsibility that I use a motor vehicle owned by Children's Surgical Centre and/or accept an offer of transportation in Children's Surgical Centre vehicles either to or away from the hospital or any other site of Children's Surgical Centre activities. It is also acknowledged that the specific risk areas noted herein are not exclusive of other possible risks of working with, or participating in, Children's Surgical Centre activities.
3. I understand and agree that any permission given by Children's Surgical Centre for me to partake in project activities is conditional upon my acknowledgement that it is for educational and service purposes only. It is acknowledged that any information I acquire about Children's Surgical Centre, its services, or its patients, is privileged, as are any photographs, film or digitized images I may make within the precincts of Children's Surgical Centre (Kien Khleang) or its outreach services and that patient confidentiality must be preserved. This means that informed consent from patients must be obtained for publication in print or electronic media of any identifiable photographs of Children's Surgical Centre patients. This should be understood to include web-logs (blogs).
4. I agree that for the period commencing on the day of my departure from my home city to Phnom Penh – to the time of departure from Phnom Penh, I will maintain and provide proof of the financial currency of a travel insurance policy covering accidents and healthcare, (including medical evacuation).

5. I agree to maintain currency, and provide proof of my immunizations and vaccinations, in accordance with the official schedule advised by the health authorities of my own country, for travel in Cambodia.
6. I acknowledge that Children's Surgical Centre (Kien Khleang) may, at its sole discretion, terminate my volunteer activities at any time.
7. I confirm my right to decline to participate in any Children's Surgical Centre activity which I consider may involve an unacceptable level of risk to myself, and I retain the right to terminate my volunteer activities at any time.
8. I confirm my personal obligation to arrange accommodation and transport to and from Kien Khleang during the period of participation described herein. There is no responsibility on the part of Children's Surgical Centre to provide accommodation or transport.
9. If applicable, I attach hereto a certificate from my University, certifying that this proposal conforms with the requirements of the course which I am undertaking.
10. I acknowledge that while the political situation in Cambodia is currently stable, unexpected turmoil & civil disorder may erupt at any time. While Children's Surgical Centre may be of as much assistance as possible in coping with the unrest, final responsibility for leaving the country will reside with each individual or their appropriate government representatives.

(Updated Dec 2006)

I hereby certify that I have read, understood, and now agree to the conditions contained herein.

Signed:

Date:

Witness Signature:

Date:

Name & Position of witness: