

CBWOQ POLICIES and RELEASE/WAIVER

CODE OF CONDUCT

I will show respect for Canadian Baptist Women of Ontario and Quebec (CBWOQ) personnel and partners and cooperate with team leaders and members. I will be culturally sensitive to the use of alcohol and tobacco and take direction from the CBWOQ team leader on matters of dress and jewelry. I will not use illegal substances and will not become involved in a dating relationship with team members or nationals while a participant on the STM.

CRISIS MANAGEMENT

In the event of potential or immediate danger, I agree to respect and heed the decisions made by the CBWOQ crisis management team.

RELEASE AND WAIVER – PLEASE FILL IN

This release and waiver of liability (hereafter referred to as the release) executed on ____ / ____ / ____ (dd/mm/yy) by (your name) _____ (hereafter referred to as the participant) and in effect for one full calendar year from this date is in favour of the Baptist Women's Missionary Society of Ontario and Quebec (hereafter referred to as CBWOQ).

I, the participant, desire to be a member and active participant of this STM of CBWOQ. I understand that the activities may include, but are not limited to, travelling to and from other countries, travelling to and from other cities and towns, consuming food and living in accommodations available and provided in these countries, and participating in the activities assigned by designated STM leadership.

CBWOQ and its STM partners will make every effort to minimize the level of undue risk in any given location and activity. Understanding this I hereby freely and voluntarily, without duress, execute this release under the following terms:

1. I release and forever discharge and hold harmless CBWOQ, its STM partners and all successors and assigns from any and all liability, bodily injury, personal injury, illness, death or property damage that may result from my participation with this STM. I also understand that CBWOQ and its STM partners do not assume any responsibility for or obligation to provide financial assistance or other assistance including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
2. I understand that CBWOQ and its STM partners **do not** carry health, medical or disability insurance coverage for STM team participants. I assume responsibility for any coverage that I deem necessary for my wellbeing. I release and forever discharge CBWOQ and its STM partners from any claim whatsoever which arises or may hereafter arise on account of my first-aid treatment or other medical services rendered in connection with an emergency during my participation with this STM.
3. I understand that during my participation on this STM the possibility exists that I may encounter situations which pose risk, or potential risk, to my safety and wellbeing including terrorism, war, insurrection, or criminal activities. I understand that CBWOQ and its STM partners will not pay ransom or make any other payments in order to secure the release of hostages. I hereby expressly and specifically release CBWOQ and its STM partners from all liability for injury, illness, death, or property damage resulting from my participation in this STM.
4. I understand that if I make a cancellation **not** due to illness after insurance, airline tickets (if applicable) and land arrangements have already been confirmed and paid for by CBWOQ, I will be responsible for the full cost of my participation in the STM.
4. I understand this application is accepted based upon CBWOQ receiving affirming references, signed waivers and a cleared criminal check.
5. I understand CBWOQ can deem an applicant unsuitable for an STM or require permission of a doctor to participate.

Participant's Name: _____ Witnessed by: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Must be signed by mother/father/legal guardian if under 18 yrs old:

Mother's/Guardian's
Signature _____

Father's
Signature _____

Phone _____

Date _____