



projectc.u.r.e.

C.U.R.E. CLINICS

PAYMENT AGREEMENT

This travel and payment agreement is between Project C.U.R.E. and _____, hereafter referred to as “Participant”, and is established in connection with a C.U.R.E. Clinic International Health Care Trip where Project C.U.R.E. provides the opportunity and logistics for the Participant to participate and travel to an international destination for humanitarian and medical relief purposes.

Participation in a C.U.R.E. Clinic trip is not equivalent to a vacation. As a member of a C.U.R.E. Clinic Team, the Participant is a representative of Project C.U.R.E., and as such agrees to refrain from any and all illegal activities and behaviors, as well as culturally inappropriate behaviors. In addition, as part of a C.U.R.E. Clinic Team, the Participant must recognize their role as part of a group and must agree to respect the safety and needs of the C.U.R.E. Clinic Team above their own personal preference.

PAYMENT POLICY

The Participant agrees to pay the C.U.R.E. Clinic program cost which includes:

- Evacuation Insurance
- C.U.R.E. Kit & Medical Supplies
- Shipping fees for program materials
- Visas obtained in country & Expediter Services
 - (when necessary)
- License Transfer Procedures
 - (for medical professionals)
- Accommodations
- Processing and Planning Fee
- In-Country Transportation
- 3 Meals/day
- Clean water
- Translators
- Brief Touristic Excursion
 - (when possible)

Hereafter referred to as “Program Costs”. Program Costs are approximate, and by signing this agreement, the Participant understands that final Program Costs will not be determined until the date of airline ticketing. Should the Program Cost exceed the price set, the Participant agrees to the additional costs. Any items or additional travel arrangements not specifically mentioned will be the sole responsibility of the Participant. Such items include non-scheduled sightseeing or side trips, transport to and from Participant’s home to airport, souvenirs, unscheduled meals and beverages, flight and accommodation upgrades, etc.

All funds received by Project C.U.R.E. are recognized as a donation. A contribution receipt is sent to the donor for tax purposes. Donations received in this manner are nonrefundable. In the unlikely event that a trip is cancelled or postponed, or if your travel plans change, the funds can be applied toward another Clinic trip within one year of the original trip date. If you choose not to participate in a later Clinic trip, Project C.U.R.E. reserves the right to allocate the funds to support the Clinic program.

PAYMENT SCHEDULE:

Within 7 days of acceptance to program: \$500 deposit is due to Project C.U.R.E.

90 days prior to departure: Half of the remaining program cost is due to Project C.U.R.E.

60 days prior to departure: All outstanding program costs must be paid in full.

*Program costs may be paid via credit card online or by check

TAX DEDUCTION

Because each clinic trip furthers the mission and vision of Project C.U.R.E., the cost of each trip can be supported by tax deductible donations. Donations from the participants as well as the friends of the participants are received by Project C.U.R.E. As stated earlier, funds cannot be refunded to maintain the integrity of the donation. However, should a trip be cancelled, the available funds can be transferred to a future clinic trip within one year from the original trip date or directed towards general support of the organization. As suggested with all tax donations, please consult your tax advisor should you have further questions.

RESTRICTED DONATIONS ON PARTICIPANT'S BEHALF

If any organization or individual makes donations to Project C.U.R.E. for the express purpose of paying for a Participant's deposit and trip costs for a C.U.R.E. Clinic, these donations are non-refundable, even if they exceed the total program costs. If the sponsored Participant does not commence or complete the C.U.R.E. Clinic trip for any reason, any and all unused donations will be contributed to a scholarship fund for future Participants.

ELIGIBILITY

Project C.U.R.E. reserves the right to deny an individual a spot on the team at any time prior to departure. Since Project C.U.R.E. incurs administrative costs prior to the departure date, the \$500 deposit is non-refundable. Project C.U.R.E. is not liable for any other refund including interest, liability or cancellation costs of any kind.

CONDUCT

By joining a C.U.R.E. Clinic Team, the Participant agrees to abide by the rules and regulations established by Project C.U.R.E. The Participant agrees to support the Team Leader appointed for their C.U.R.E. Clinic trip and to act in ways that promote unity amongst the team and not division. The Participant understands that flexibility is a requirement for participation on the team.

The Participant agrees to be culturally sensitive. Public displays of affection are often not culturally appropriate, and must be kept at a minimum. The Participant agrees to exhibit the appropriate

C.U.R.E. Clinic attitude:

- Attitude of Service
- Attitude of Initiative
- Attitude of Integrity
- Attitude of Humility
- Attitude of Flexibility
- Attitude of Unity

LEAVING THE C.U.R.E. CLINIC UPON REQUEST

Project C.U.R.E. reserves the right to request the early departure of any Participant for reasons of mental or physical health, failure to follow Project C.U.R.E. policies and guidelines, inappropriate or immoral behavior, and violations of local law or custom. The Project C.U.R.E. Team Leader along with the Project C.U.R.E. Clinic Director shall have sole discretion in asking a Participant to return home should the previously mentioned situation(s) arise. Should a Participant be asked to leave the Clinic earlier than planned, Project C.U.R.E. will provide transport to the local airport and help arrange for a change of the return ticket. The costs of the air travel fees or any unused trip costs will not be paid or refunded. Project C.U.R.E. grants permission to discuss the Participant’s situation, including health, physical or mental condition with any person whom Project C.U.R.E. may determine will be advantageous or helpful to deal with any concerns.

MEDICAL INSURANCE & EMERGENCY TREATMENT

The Participant has reviewed the information concerning the insurance provided by Project C.U.R.E. and acknowledges that such insurance is adequate and reasonable and that all information the Participant has supplied concerning insurance and the Participant’s health is accurate. If the Participant believes there is a need for additional or supplemental insurance, the Participant will make their own arrangements and payments for such insurance.

In case of any medical emergency, the Participant authorizes Project C.U.R.E. to provide consent on his or her behalf to any medical treatment deemed advisable. The Participant agrees not to hold Project C.U.R.E. responsible for actions relating to medical or emergency treatment.

PERSONAL LIKENESS

The Participant consents to the use of the Participant’s likeness, photographed, filmed, videotaped and comments or any portion developed now or in the future including fund-raising and promotional materials, advertising, television, radio, print or other media. The participant releases, indemnifies and agrees to hold harmless Project C.U.R.E. from any liability or acts authorized under this section of this Agreement and Release.

EXPENSES

The Participant agrees to bear the sole responsibility for all expenses that he/she incurs during the C.U.R.E. Clinic trip that are not included in the program cost, including, but not limited to, international airfare, alcohol, and special arrangements made by the participant or required during the participant’s involvement in this humanitarian relief mission.

ADDITIONAL

The Participant acknowledges that in the course of participation in this humanitarian relief mission including travel to, from and during the program, the Participant may encounter difficult conditions and be subjected to hazards and risks, seen, foreseen and unforeseen. There hazards and risks may be caused or alleged to be caused by a variety of difficulties of travel or residing in location away from the

Participant's residence or by individuals affiliated with or not affiliated with Project C.U.R.E. The Participant agrees not to hold Project C.U.R.E. liable or responsible for risks or hazards related to travel advisories or travel advice, either discussed or printed. Participant further states that he/she has carefully read the foregoing Travel and Payment Agreement and knows the contents thereof and signs this agreement as a personal free act.

Printed Name: _____

Signature: _____ Date: _____

For Participants under the age of 18, parent or legal guardian must sign below:

I certify that I am the parent and legal guardian of the individual named herein.

Printed Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____