Rotary Youth Travel Risk Management Framework

This framework is designed to support Rotary clubs in safely organizing travel experiences for youth and young adults, balancing opportunity with duty of care. It outlines key components of risk management and the forms necessary for this Rotary experience.

KNOW BEFORE YOU GO!

Participants

1. It is a requirement that in order to participate all waivers must be thoroughly read, completed and is signed by all required participants and parents/guardians (for those under the age of 18 years) in order to participate in the event.
2. **There is no Travel Insurance or Health Coverage provided under Rotary's program. All coverage for travel and health insurance must be provided by the participant**

Chaperones/Team Leads:

1. It is a requirement that in order to participate all waivers must be thoroughly read, completed and signed by all required participants and chaperones/team leads
2. **There is no Travel Insurance or Health Coverage provided under Rotary's program. All coverage for travel and health insurance must be provided by the participant**
3. Identify a team lead for each trip
4. Require District Governor Approval for all overnight or international travel.
5. Confirm insurance coverage with Insurance Provider (Certificate attached – EXHIBIT EE)
6. Use legally reviewed waivers for higher-risk activities, outlining safety protocols and residual risks.
7. Require proof of insurance from third-party providers such as transport or adventure activity vendors.
8. **Prohibited Activities**: Overnight stays without guardians, unsupervised adventure sports, or any activity not covered by insurance
9. Establish communication protocols for incidents
10. Conduct pre-trip briefings for youth, parents, and volunteers to review expectations and safety measures.
11. Provide volunteer training on child protection, emergency response, and travel safety
12. Conduct youth orientation covering behavioral expectations, cultural sensitivity, and personal safety.
13. Engage parents with clear documentation and opportunities for questions before travel
14. Conduct post-trip reviews to assess successes and areas for improvement

Rotary Youth Travel Risk Management Checklist – Supporting Documents (Participants under 18 years)

	Yes	No
Waiver Template (Attached – Exhibit A)		
Parental Consent Form (Attached – Exhibit B)		
Privacy Notice & Consent (Attached – Exhibit C)		
Photography and Media Release (Attached – Exhibit D)		
Emergency Contact Form (Attached – Exhibit E)		
Medical Release Form (Attached – Exhibit F)		
What to Bring (Attached – Exhibit G)		

Rotary Youth Travel Risk Management Checklist – Supporting Documents (Participants over 18 years/Chaperones/Leads)

	Yes	No
Trip Dossier (Attached – Exhibit AA)		
Vulnerable Sector Check[1] (Attached – Exhibit BB)		
Waiver Template (Attached – Exhibit CC)		
Chaperone Code of Conduct (Attached – Exhibit DD)		
Medical Document (Attached – Exhibit EE)		
Incident Report Form (Attached – Exhibit FF)		
Certificate of Insurance (Attached – Exhibit GG)		

[1] VPRC or Vulnerable Person Sector Checks are **NOT** considered valid until they have been received, reviewed and approved by the District Youth Security Person(s).

YOUTH TRAVEL RISK MANAGEMENT CHECKLIST SUPPORTING DOCUMENTS (PARTICIPANTS UNDER 18 YEARS)

Rotary
District 5370

WAIVER FORM (EXHIBIT A)

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY (MINOR)

NAME OF PARTICIPANT:_____

NAME OF ROTARY DISTRICT 5370 EVENT ("EVENT"): _____

(INCLUDE A BRIEF DESCRIPTION OF THE ACTIVITY):_____

DATES OF ROTARY DISTRICT 5370 EVENT:_____

WE, THE PARENTS OR GUARDIANS OF THE PARTICIPANT, WE PROVIDE PERMISSION FOR THE PARTICIPANT TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. WE HAVE BEEN ADVISED OF, CONFIRM AND AGREE TO, THE ACTIVITIES PLANNED AND TO BE HELD AS PART OF THE EVENT, INCLUDING THE PROVISIONS MADE FOR THE ROOM AND BOARD OF THE PARTICIPANT DURING THE TRIP. WE CERTIFY THAT THE PARTICIPANT HAS NO PHYSICAL CONDITION WHICH WILL BE AGGRAVATED BY ANY OF THE ACTIVITIES ANTICIPATED OR WHICH WILL IMPAIR THE PARTICIPANT'S ABILITY TO PARTICIPATE IN AND WITHSTAND ANY OF THE CONTEMPLATED ACTIVITIES INCLUDED IN THE EVENT.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THE EVENT, THE PARTICIPANT AND THE PARENTS OR GUARDIANS OF THE PARTICIPANT, FOR THEMSELVES, THEIR HEIRS, GUARDIANS AND LEGAL REPRESENTATIVES, RELEASE AND HEREBY AGREE NOT TO MAKE OR BRING ANY ACTION OF ANY KIND AGAINST ROTARY INTERNATIONAL, ROTARY DISTRICT 5370, OR ANY ROTARY CLUB, OR THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, COOPERATING ORGANIZATIONS AND OTHER PARTIES IN INTEREST FOR ANY INJURY OR DAMAGE TO THE PARTICIPANT OR ANY OF THE PROPERTY OF THE PARTICIPANT, ARISING OUT THE ATTENDANCE AND PARTICIPATION IN THE EVENT AND THE INVOLVEMENT OF THE PARTICIPANT IN THE ACTIVITIES ASSOCIATED WITH THE EVENT, SAVE AND EXCEPT FOR SUCH INJURY AND DAMAGE ARISING FROM THE GROSS NEGLIGENCE OF ROTARY OR THOSE OTHERS SET OUT THEREIN.

WE, THE PARENTS AND GUARDIANS OF THE PARTICIPANT, ACKNOWLEDGE THAT WE HAVE DISCLOSED ALL MEDICAL CONDITIONS OF THE PARTICIPANT (WHETHER PHYSICAL OR MENTAL, AND INCLUDING ALLERGIES) AND HAVE PROVIDED THE EVENT SUPERVISOR WITH A LIST OF ALL MEDICATIONS AND DOSAGES THAT THE PARTICIPANT IS CURRENTLY USING. WE ACKNOWLEDGE THAT IT IS THE PARTICIPANT'S RESPONSIBILITY TO TAKE ALL MEDICATIONS AS PRESCRIBED, AND THAT THE PARTICIPANT HAS BEEN ADVISED TO PACK ALL MEDICATIONS IN CARRY-ON LUGGAGE IN ORDER TO ENSURE NO MISSING DOSES IN THE CASE OF A LOSS OF LUGGAGE. WE ACCEPT AND ACKNOWLEDGE THAT OBTAINING ADEQUATE TRAVEL INSURANCE (HEALTH, MEDICAL OR OTHERWISE, INCLUDING MEDICAL EVACUATION AND REPATRIATION OF REMAINS) FOR THE PARTICIPANT IS ENTIRELY THE RESPONSIBILITY OF THE PARTICIPANT AND THEIR PARENTS/GUARDIANS.

WE HEREBY CONSENT TO PERMIT ANY EMERGENCY MEDICAL TREATMENT IN THE EVENT OF INJURY OR ILLNESS AND BE RESPONSIBLE FOR ANY HOSPITALIZATION, MEDICAL, AMBULANCE OR OTHER COSTS.

WE ACKNOWLEDGE AND ACCEPT THE FOLLOWING LIST OF POTENTIAL RISKS FOR THE PARTICIPANT:

1. THE RISK OF DEATH OR INJURY AS A RESULT OF TRAVEL ACCIDENTS, INCLUDING BUT NOT LIMITED TO AIRPLANE, HELICOPTER, TRAIN, BUS OR OTHER MOTOR VEHICLE ACCIDENT;

2. THE RISK OF DEATH OR INJURY AS A RESULT OF UNSAFE DRINKING WATER;

3. THE RISK OF DEATH OR INJURY AS A RESULT OF UNSAFE FOOD PREPARATION OR STANDARDS;

4. THE OF DEATH OR INJURY AS A RESULT OF REDUCED SERVICES AVAILABLE IN THE AREA BEING TRAVELLED TO, INCLUDING THE POSSIBILITY THAT THERE MIGHT NOT BE MEDICAL CARE READILY AVAILABLE;

5. THE RISK OF DEATH OR INJURY AS A RESULT OF THE ACTIVITIES UNDERTAKEN DURING THE TRIP, INCLUDING HUMANITARIAN OR RECREATIONAL. WE ACCEPT THAT THERE ARE RISKS INHERENT IN BUILDING OR OTHER DEVELOPMENT OR RECREATIONAL ACTIVITIES THAT THE PARTICIPANT MAY UNDERTAKE;

6. THE INCREASED RISK OF DEATH OR INJURY OF DISEASES OR PARASITES BEING ACQUIRED THAT AREN'T COMMON IN CANADA;

7. THE RISK OF DEATH OR INJURY AS THE RESULT OF A NATURAL DISASTER;

8. THE RISK OF DEATH OR INJURY AS THE RESULT OF HUMAN CONFLICT, INCLUDING (BUT NOT LIMITED TO) POLITICAL CONFLICT, TERRORISM, CRIMINAL BEHAVIOR OR WAR.

WE AGREE THAT IF ANYONE MAKES ANY CLAIMS RESULTING FROM ANY INJURY TO THE PARTICIPANT (INCLUDING DEATH) OR FOR ANY DAMAGE TO THE PARTICIPANT'S PROPERTY, THE UNDERSIGNED WILL KEEP ROTARY INTERNATIONAL, ROTARY DISTRICT 5370, ALL ROTARY CLUBS AND ALL THOSE RELEASED BY THIS AGREEMENT FREE OF AND INDEMNIFIED FROM ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS.

AS THE PARENT OR GUARDIAN OF ANY PARTICIPANT WHO IS A MINOR, WE HEREBY ACKNOWLEDGE THE WAIVERS AND RELEASES CONTAINED IN THIS AGREEMENT AND HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS ROTARY INTERNATIONAL, THE ROTARY CLUB, THE ROTARY DISTRICT 5370, ITS SUCCESSORS AND ASSIGNS AND ANY OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, REPRESENTATIVES, VOLUNTEERS, SPONSORS AND COOPERATING ORGANIZATIONS OR ANY OTHER PARTIES CONNECTED WITH THE EVENT AND ACTIVITIES ASSOCIATED THEREWITH IN RESPECT OF ANY INJURIES (INCLUDING DEATH) OR DAMAGE TO ANY PROPERTY OF THE PARTICIPANT NAMED HEREIN OR ANY INJURY OR DAMAGE TO THE PROPERTY CAUSED BY SUCH PARTICIPANT.

THESE STATEMENTS AND RELEASES ARE BINDING UPON US, OUR HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

DATED: THE _____ DAY OF _____ 202___

NAME OF PARTICIPANT (PLEASE PRINT) _____

SIGNATURE:_____

NAME OF PARTICIPANT'S PARENT OR LEGAL GUARDIAN (PLEASE PRINT): _____

SIGNATURE: _____

ADDRESS:_____

PHONE (CELL) PHONE (RESIDENCE): _____

E-MAIL: _____

NAME OF WITNESS (PLEASE PRINT)_____

SIGNATURE:_ _____

Minor Travel Authorization Letter

Parent/Guardian Permission

I/We, _____, am/are the parent(s) or legal guardian(s) of _____.

I/We hereby authorize _____ to accompany our child on a mission trip.

Trip Details

- Departure Date: _____
- Return Date: _____
- Destination (City & Country): _____

Temporary Guardianship & Medical Consent

I/We grant temporary guardianship of our child to _____ for the duration of this trip, including full authority over their supervision and the power to authorize any necessary medical treatment.

Signatures

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone/Contact Number(s): _____

Witness & Notary Acknowledgement

Witness Signature: _____ Date: _____

Printed Name: _____

Notary Public Signature *(Seal)*

Rotary District 5370

Privacy Notice and Consent (Exhibit B)

Your privacy is important to Rotary. The personal data you provide will be used exclusively for official Rotary business to facilitate your event registration, attendance, and experience (e.g., printing name badges). To assist with event planning, your data may be shared with trusted Rotary service providers and affiliated entities. You may receive event-related updates via e-mail; you can object to these e-mails at any time by contacting office@rotary5370.org.

Dated: the ___ day of _____ 202__

Name of participant (please print): _____

Signature:_____

Nameof participant's parent or legal guardian (please print): _____

Signature: _____

Address: _____

Phone (cell) :_____

Phone (residence):_____

E-mail: _____

NAME of witness (please print):_____

Witness Signature: _____

Rotary
District 5370

Photography and Media Release (Exhibit C)

By attending or participating in this event, trip, or any associated activities organized by Rotary International District 5370, you consent to being photographed, filmed, interviewed, or otherwise recorded.

You grant Rotary International District 5370 a free, perpetual, and irrevocable right to use, copy, display, modify, distribute, and license your image, voice, and likeness worldwide. This includes use in any print, digital, online, or social media formats for promotional, marketing, historical, or official business purposes. Content may also be shared with authorized third parties for these purposes.

Dated: the ___ day of _____ 202__

Name of participant (please print): _____

Signature:_____

Name of participant's parent or legal guardian (please print): _____

Signature: _____

Address: _____

Phone (cell) :_____

Phone (residence):_____

E-mail: _____

Name of witness (please print): _____

Witness Signature: _____

Rotary
District 5370

Parental Consent Form (Exhibit D)

Consent & Fitness: I/We, the parent/legal guardian of the child named below, give permission for my/our child to participate in travel and activities organized by Rotary International District 5370. I affirm that my/our child is physically and emotionally fit to participate.

Medical Authorization: In the event of an illness or injury during the trip, I authorize Rotary leaders to obtain emergency medical treatment for my/our child if I/We cannot be reached immediately.

Liability Release: I/We release Rotary International District 5370, its clubs, and its volunteers from liability for any accidents, loss, or injury sustained during this travel.

Child's Full Name: _____

Parent/Guardian Name: _____

Emergency Contact Phone: _____

Signature: _____

Date: _____

Parent/Guardian Name: _____

Emergency Contact Phone: _____

Signature: _____

Date: _____

Emergency Contact Form (Exhibit E)

The safety and well-being of your child is our top priority. We collect this information to ensure that in the rare event of an unexpected situation, illness, or emergency during Rotary International District 5370 events or trips, our coordinators can immediately reach a trusted adult.

Accurate, up-to-date contact details ensure swift communication and prompt care when it matters most. All information provided will remain confidential and will only be shared with authorized organizers or medical personnel as required.

Child's Full Name: _____

Primary Emergency Contact Name: _____

Relationship to Child: _____

Phone Number: _____

Alternate Contact Name: _____

Alternative Contact Phone Number: _____

HEALTH AND MEDICAL RECORD/MEDICAL RELEASE (EXHIBIT F)

ROTARY YOUTH PROGRAMS – MINORS

PLEASE FILL OUT COMPLETELY. ALL PARTICIPANTS, REGARDLESS OF AGE, MUST HAVE A COMPLETED HEALTH AND PHYSICAL FORM IN ORDER TO PARTICIPATE.

NAME _____ AGE _____

ADDRESS _____

SPONSORING ROTARY CLUB _____

IN CASE OF EMERGENCY, NOTIFY: [ ] PARENT [ ] GUARDIAN [ ] OTHER_____

NOTIFYING INFORMATION BELOW:

NAME _____ BEST PHONE # _____

ADDRESS _____ OTHER PHONE _____

OTHER INSTRUCTIONS TO NOTIFY: _____

PRIMARY HEALTH INSURANCE:

COMPANY _____ POLICY # _____

ADDRESS _____ CITY/PROV _____ PC _____

SUPPLEMENTAL INSURANCE, I.E. MEDICAL/TRAVEL

_____

PLEASE CHECK IF YOU HAVE EVER HAD OR ARE SUBJECT TO:

[ ] ASTHMA [ ] BEE STING REACTIONS [ ] SLEEPWALKING

[ ] DIABETES [ ] FAINTING SPELLS [ ] STRESS/PANIC ATTACKS

[ ] CONVULSIONS [ ] HEART TROUBLE [ ] OTHER CHRONIC CONDITIONS (EXPLAIN BELOW)

[ ] SEIZURES [ ] EYE, EAR, NOSE OR THROAT PROBLEMS (EXPLAIN BELOW)

[ ] ALLERGIES (ALL TYPES) [ ] MENSTRUAL PROBLEMS

PLEASE DESCRIBE (MAY USE BACK OF FORM, IF NEEDED)

_____

VEGETARIAN DIET REQUIRED: [ ] YES [ ] NO

DO YOU HAVE ANY CONDITION NOW REQUIRING MEDICATION? [ ] YES [ ] NO

IF YES, EXPLAIN _____

DO YOU HAVE ANY ACTIVITY RESTRICTIONS FOR MEDICAL REASONS? [ ] YES [ ] NO

IF YES, EXPLAIN _____

DATE OF LAST INOCULATION:

TETANUS _____

POLIO _____

MEASLES _____

INCLUDE A COPY OF HEALTH INSURANCE CARD.

CHILD'S NAME:_____

CHILD'S PHYSICIAN NAME: _____

PHYSICIAN PHONE NUMBER: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

What to Bring (Exhibit G)

1. A good attitude toward locals, your team leaders, and participants. A smile and a willingness to help goes a long way towards a fruitful and enjoyable experience.

2. Note pad or journal and pens.

3. A backpack or small bag to carry personal items.

4. A personal water bottle with carrier.

5. A small flashlight and new batteries.

6. An electrical converter (if necessary for battery recharging, etc.) Electricity is ?? volts.

7. A cell phone – for photos. May or may not have service. Likely to be variable & expensive.

8. Cosmetics, personal and laundry soap, toothpaste/toothbrush, shampoo, deodorant, sunscreen (SPF 30), insect repellant (DEET), a towel, Kleenex, Purell (sanitizer), hand wipes, blinders.

9. Prescription medicines in the original container, first aid items, Pepto-Bismol, Imodium, Lomotil, etc.

10. Camera, + cards and new batteries to your level of photography, binoculars.

11. Washable work clothes (shorts, t-shirts), light, long pants (shorts can be worn in town and job site), casual clothes for days off and evenings, a dress or skirt and top for ladies, casual pants, and shirts (long & short cotton) for men, work shoes or runners, sandals, hiking boots, hat, two pairs work gloves, socks, underwear, bathing suit, raincoat, small umbrella.

12. Personal comfort items, if desired, such as throat lozenges, eye drops, lip salve, powdered drink mixes (Gatorade), peanut butter, clothes hangers, nibbles, oranges, granola bars, crackers, cookies, peanuts, zip lock bags.

13. Spending money. (US $ cash preferable ~ $300 US. ATMs may or may not be available.).

14. Passport - updated and validated. Good for six months or more and after planned return.

15. Books and other reading material.

16. Shots - vaccinations; See travel clinic.

17. Cards or Games

Youth Travel Risk Management Checklist Supporting Documents (Participants over 18 years/Chaperones/Leads)

Rotary
District 5370

EVENT DOSSIER (Exhibit AA)

DATE(S) OF EVENT: _____

LOCATION(S) OF EVENT: _____

_____

_____

PURPOSE OF EVENT: _____

_____

LEAD CHAPERONE CONTACT INFORMATION

NAME: _____

E-MAIL: _____

PHONE: _____

ANY EVENT INVOLVING MINORS THAT INCLUDES TRAVEL OR OVERNIGHT STAYS REQUIRES PRIOR WRITTEN APPROVAL FROM THE DISTRICT GOVERNOR, SUBJECT TO THE COMPLETION AND SUBMISSION OF ALL REQUIRED FORMS.

NAME: _____

SIGNATURE:_____

DATE:_____

WAIVER FORM (EXHIBIT BB)

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY (ADULT PARTICIPANTS/CHAPERONES)

NAME OF PARTICIPANT/CHAPERONE A/O TEAM LEAD:_____

NAME OF ROTARY DISTRICT 5370 EVENT ("EVENT"): _____

(INCLUDE A BRIEF DESCRIPTION OF THE ACTIVITY):_____

DATE(S) OF ROTARY DISTRICT 5370 EVENT:_____

I AS A PARTICIPANT HAVE BEEN ADVISED OF, CONFIRM AND AGREE TO, THE ACTIVITIES PLANNED AND TO BE HELD AS PART OF THE EVENT, INCLUDING THE PROVISIONS MADE FOR THE ROOM AND BOARD OF THE PARTICIPANT DURING THE TRIP. I CERTIFY THAT I THE PARTICIPANT HAVE NO PHYSICAL CONDITION WHICH WILL BE AGGRAVATED BY ANY OF THE ACTIVITIES ANTICIPATED OR WHICH WILL IMPAIR MY ABILITY TO PARTICIPATE IN AND WITHSTAND ANY OF THE CONTEMPLATED ACTIVITIES INCLUDED IN THE EVENT.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THE EVENT, I RELEASE AND HEREBY AGREE NOT TO MAKE OR BRING ANY ACTION OF ANY KIND AGAINST ROTARY INTERNATIONAL, ROTARY DISTRICT 5370, OR ANY ROTARY CLUB, OR THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, COOPERATING ORGANIZATIONS AND OTHER PARTIES IN INTEREST FOR ANY INJURY OR DAMAGE TO THE PARTICIPANT OR ANY OF THE PROPERTY OF THE PARTICIPANT, ARISING OUT THE ATTENDANCE AND PARTICIPATION IN THE EVENT AND THE INVOLVEMENT OF THE PARTICIPANT IN THE ACTIVITIES ASSOCIATED WITH THE EVENT, SAVE AND EXCEPT FOR SUCH INJURY AND DAMAGE ARISING FROM THE GROSS NEGLIGENCE OF ROTARY OR THOSE OTHERS SET OUT THEREIN.

I, AS A PARTICIPANT HAVE DISCLOSED ALL MEDICAL CONDITIONS OF THE PARTICIPANT (WHETHER PHYSICAL OR MENTAL AND INCLUDING ALLERGIES) AND HAVE PROVIDED THE EVENT SUPERVISOR WITH A LIST OF ALL MEDICATIONS AND DOSAGES THAT THE PARTICIPANT IS CURRENTLY USING. WE ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO TAKE ALL MEDICATIONS AS PRESCRIBED, AND THAT THE PARTICIPANT (I) HAVE BEEN ADVISED TO PACK ALL MEDICATIONS IN CARRY-ON LUGGAGE IN ORDER TO ENSURE NO MISSING DOSES IN THE CASE OF A LOSS OF LUGGAGE. WE ACCEPT AND ACKNOWLEDGE THAT OBTAINING ADEQUATE TRAVEL INSURANCE (HEALTH, MEDICAL OR OTHERWISE, INCLUDING MEDICAL EVACUATION AND REPATRIATION OF REMAINS) FOR THE PARTICIPANT IS ENTIRELY THE RESPONSIBILITY OF THE PARTICIPANT AND THEIR PARENTS/GUARDIANS.

I HEREBY CONSENT TO PERMIT ANY EMERGENCY MEDICAL TREATMENT IN THE EVENT OF INJURY OR ILLNESS AND BE RESPONSIBLE FOR ANY HOSPITALIZATION, MEDICAL, AMBULANCE OR OTHER COSTS.

WE ACKNOWLEDGE AND ACCEPT THE FOLLOWING LIST OF POTENTIAL RISKS FOR THE PARTICIPANT:

1. THE RISK OF DEATH OR INJURY AS A RESULT OF TRAVEL ACCIDENTS, INCLUDING BUT NOT LIMITED TO AIRPLANE, HELICOPTER, TRAIN, BUS OR OTHER MOTOR VEHICLE ACCIDENT;

2. THE RISK OF DEATH OR INJURY AS A RESULT OF UNSAFE DRINKING WATER;

3. THE RISK OF DEATH OR INJURY AS A RESULT OF UNSAFE FOOD PREPARATION OR STANDARDS;

4. THE OF DEATH OR INJURY AS A RESULT OF REDUCED SERVICES AVAILABLE IN THE AREA BEING TRAVELLED TO, INCLUDING THE POSSIBILITY THAT THERE MIGHT NOT BE MEDICAL CARE READILY AVAILABLE;

5. THE RISK OF DEATH OR INJURY AS A RESULT OF THE ACTIVITIES UNDERTAKEN DURING THE TRIP, INCLUDING HUMANITARIAN OR RECREATIONAL. WE ACCEPT THAT THERE ARE RISKS INHERENT IN BUILDING OR OTHER DEVELOPMENT OR RECREATIONAL ACTIVITIES THAT THE PARTICIPANT MAY UNDERTAKE;

6. THE INCREASED RISK OF DEATH OR INJURY OF DISEASES OR PARASITES BEING ACQUIRED THAT AREN'T COMMON IN CANADA;

7. THE RISK OF DEATH OR INJURY AS THE RESULT OF A NATURAL DISASTER;

8. THE RISK OF DEATH OR INJURY AS THE RESULT OF HUMAN CONFLICT, INCLUDING (BUT NOT LIMITED TO) POLITICAL CONFLICT, TERRORISM, CRIMINAL BEHAVIOR OR WAR.

WE AGREE THAT IF ANYONE MAKES ANY CLAIMS RESULTING FROM ANY INJURY TO THE PARTICIPANT (INCLUDING DEATH) OR FOR ANY DAMAGE TO THE PARTICIPANT'S PROPERTY, THE UNDERSIGNED WILL KEEP ROTARY INTERNATIONAL, ROTARY DISTRICT 5370, ALL ROTARY CLUBS AND ALL THOSE RELEASED BY THIS AGREEMENT FREE OF AND INDEMNIFIED FROM ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS.

AS A PARTICIPANT I HEREBY ACKNOWLEDGE THE WAIVERS AND RELEASES CONTAINED IN THIS AGREEMENT AND HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS ROTARY INTERNATIONAL, THE ROTARY CLUB, THE ROTARY DISTRICT 5370, ITS SUCCESSORS AND ASSIGNS AND ANY OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, CONTRACTORS, REPRESENTATIVES, VOLUNTEERS, SPONSORS AND COOPERATING ORGANIZATIONS OR ANY OTHER PARTIES CONNECTED WITH THE EVENT AND ACTIVITIES ASSOCIATED THEREWITH IN RESPECT OF ANY INJURIES (INCLUDING DEATH) OR DAMAGE TO ANY PROPERTY OF THE PARTICIPANT NAMED HEREIN OR ANY INJURY OR DAMAGE TO THE PROPERTY CAUSED BY SUCH PARTICIPANT.

THESE STATEMENTS AND RELEASES ARE BINDING UPON US, OUR HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

DATED: THE _____ DAY OF _____ 202___

NAME OF PARTICIPANT (PLEASE PRINT) _____

SIGNATURE:_____

PRIMARY PHONE:_____

E-MAIL: _____

NAME OF WITNESS (PLEASE PRINT): _____

WITNESS SIGNATURE: _____

CHAPERONE CODE OF CONDUCT (EXHIBIT CC)

IN ORDER TO RESPONSIBLY CHAPERONE THE PROJECT LISTED BELOW IN ROTARY DISTRICT 5370 DURING THE **20___/20___** ROTARY YEAR, AND TO ENSURE THE SAFETY OF ALL PARTICIPATING STUDENTS, I AGREE TO ABIDE BY THE FOLLOWING CODE OF CONDUCT:

1. **AMBASSADORSHIP:** I WILL ENTHUSIASTICALLY REPRESENT CANADA, MY ROTARY CLUB, AND DISTRICT 5370 AS A STRONG ROTARY AMBASSADOR.
2. **THE 4 D'S:** I WILL ENSURE STUDENTS STRICTLY RESPECT THE "4 D'S": NO DRINKING, NO DRIVING, NO DATING, AND NO DRUGS.
3. **SOBRIETY:** I WILL REFRAIN FROM CONSUMING ALCOHOL FOR THE ENTIRE DURATION OF THE PROJECT TO ENSURE STUDENT SAFETY AND WELL-BEING.
4. **SAFETY & LOGISTICS:** I WILL FOLLOW ALL SAFETY PROTOCOLS, INCLUDING DEPARTURE/HEADCOUNT CHECKS AND DRIVER COMMUNICATIONS, SO NO STUDENT IS LEFT BEHIND.
5. **ABUSE PREVENTION:** I WILL FAMILIARIZE MYSELF WITH THE DISTRICT 5370 ABUSE PREVENTION POLICY AND THE PROPER LINE OF COMMUNICATION SHOULD AN INCIDENT OCCUR.
6. **INCLUSIVITY:** I WILL NOT MAKE INSENSITIVE COMMENTS OR STEREOTYPES REGARDING RACE, RELIGION, GENDER, OR SEXUAL ORIENTATION.

PROJECT NAME: _____

CHAPERONE NAME (PRINT): _____

CHAPERONE SIGNATURE: _____

DATE: _____

Rotary
District 5370

HEALTH & MEDICAL RECORD (EXHIBIT DD)

ROTARY YOUTH PROGRAMS - Adult Participants/Chaperones

PLEASE FILL OUT COMPLETELY. ALL PARTICIPANTS, REGARDLESS OF AGE, MUST HAVE A COMPLETED HEALTH AND PHYSICAL FORM IN ORDER TO PARTICIPATE.

NAME _____ AGE _____

ADDRESS _____

SPONSORING ROTARY CLUB _____

IN CASE OF EMERGENCY, NOTIFY: [ ] PARENT [ ] GUARDIAN [ ] OTHER_____

NOTIFYING INFORMATION BELOW:

NAME _____ BEST PHONE # _____

ADDRESS _____ ALTERNATIVE PHONE _____

OTHER INSTRUCTIONS TO NOTIFY: _____

PRIMARY HEALTH INSURANCE:

COMPANY _____POLICY # _____

ADDRESS _____ CITY/PROV _____ PC _____

SUPPLEMENTAL INSURANCE, I.E. MEDICAL/TRAVEL

_____

PLEASE CHECK IF YOU HAVE EVER HAD OR ARE SUBJECT TO:

[ ] ASTHMA [ ] BEE STING REACTIONS [ ] SLEEPWALKING

[ ] DIABETES [ ] FAINTING SPELLS [ ] STRESS/PANIC ATTACKS

[ ] CONVULSIONS [ ] HEART TROUBLE [ ] OTHER CHRONIC CONDITIONS

[ ] SEIZURES [ ] EYE, EAR, NOSE OR THROAT PROBLEMS (EXPLAIN BELOW)

[ ] ALLERGIES (ALL TYPES) [ ] MENSTRUAL PROBLEMS

PLEASE DESCRIBE (MAY USE BACK OF FORM, IF NEEDED)

_____

VEGETARIAN DIET REQUIRED: [ ] YES [ ] NO

DO YOU HAVE ANY CONDITION NOW REQUIRING MEDICATION? [ ] YES [ ] NO

IF YES, EXPLAIN _____

DO YOU HAVE ANY ACTIVITY RESTRICTIONS FOR MEDICAL REASONS? [ ] YES [ ] NO

IF YES, EXPLAIN _____

DATE OF LAST INOCULATION:

TETANUS _____

POLIO _____

MEASLES _____

INCLUDE A COPY OF HEALTH INSURANCE CARD.

SIGNATURE _____ DATE _____

Incident Report (Exhibit EE)

1. Basic Information

- Date of Report: _____
- Time of Report: _____

2. Incident Details

- Date of Incident:_____
- Time of Incident: _____
- Location: _____
- Type of Incident:(e.g., injury, property damage, security breach)
    - _____
- Reported By: _____
- Contact Information:_____

3. People Involved

Name	Role (participant, chaperone, third party)	Contact Info	Injuries (if any)

4. Description of Incident

(Provide a clear, factual account of what happened. Include sequence of events, actions taken, and any contributing factors.)

_____

_____

_____

_____

_____

5. Witnesses

Name	Contact Info	Statement Summary

6. Immediate Actions Taken

(First aid, emergency services called, equipment shut down, etc.)

_____

_____

7. Follow-Up Actions / Recommendations

_____

_____

8. Attachments

☐ Photos
☐ Diagrams
☐ Other documents

9. Report Prepared By

- Name: _____
- Position: _____
- Signature: _____
- Date: _____

10. Reviewed By

- Name: _____
- Signature: _____
- Date: _____

Certificate of Insurance (Exhibit FF)

Please note that the current certificate of insurance can be retrieved directly from the District website (portal.clubrunner.ca/50012/page/club-insurance). Alternatively, you may request a copy from the District Office via email at **office@rotary5370.org.**