



## SYRIAN AMERICAN MEDICAL SOCIETY

DC Office  
1012 14<sup>th</sup> Street NW Suite 1500  
Washington, DC 20005

Mailing Address  
P.O. Box 34115  
Washington, D.C. 20043

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### Medical Mission Agreement

Date: \_\_\_\_\_

I, (full name) \_\_\_\_\_ agree to volunteer to the medical mission of the Syrian American Medical Society (SAMS) as an EMT/Nurse/Interpreter to visit \_\_\_\_\_ to assist with the injured patients during the following period (from \_\_\_\_\_ to \_\_\_\_\_).

The sole purpose of my visit is to assist the medical team, and I agree to abide by the SAMS society mission and standard of practice at all times. I agree to follow acceptable rules of conduct, best practices and the laws of the United States. I do not intend to use my trip for any other purposes under the name of this organization, or to provide or publish any information to the media or other publishing outlets without prior permission of the Society (SAMS). I further agree to abide by the confidentiality requirements put forward by SAMS and its partner organizations.

I understand that this is voluntary mission and I will be fully responsible for the financial costs of my trip. SAMS does not take responsibility for any financial, legal, or health costs my trip, or after for any acquired damages. I agree that I am participating at my own risk, and neither myself nor my family will bring legal action against SAMS (or any of its representatives) should I be injured, become ill, lose work or die as a result of my participation in this mission. At the conclusion of the mission, I agree to provide a summary report to the medical mission team on my work and overall.

*I, the undersigned, have read, fully understand, and hereby agree to comply with the rules, regulations and requirements presented and explained within this form. I represent that I have the professional or other training necessary for me to adequately and safely fulfill my identified role on the mission. Further, I, for myself, my estate, my heirs and successors, hereby covenant and agree to hold the Syrian American Medical Society, its officers, directors, members, agents and employees harmless and to indemnify them from any and all liability for injury, loss, claims or damages from any cause to person or property arising out of my involvement in the mission, all actions and travel related to the mission and conduct in connection with the mission, regardless of negligence.*

Name: \_\_\_\_\_

Signature and Date of Signing: \_\_\_\_\_