

**Addendum to the Farmer-to-Farmer Volunteer  
WAIVER, RELEASE, and INDEMNIFICATION AGREEMENT**

**Volunteer Name** (Print) \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Please print name below as it appears on your passport** (if different than above):

\_\_\_\_\_

**Please list passport number:** \_\_\_\_\_

*Please make several copies of your passport-picture page, leave one at home with your emergency contact, and keep one with you (separate from passport).*

**Medical Clearance**

For your upcoming travel with CRS to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_, you obtained a medical clearance from your physician which CRS has on hand. It is valid for one year and expires on \_\_\_\_/\_\_\_\_/\_\_\_\_. If this is a repeat trip for you, CRS will rely upon that clearance unless you elect to obtain an updated clearance from your physician.

**Medical Insurance**

CRS provides overseas medical and evacuation insurance coverage for volunteers for the duration of the assignment. Medical professionals may determine that certain conditions warrant continuing care for a specified timeframe after the return of the volunteer to the US. CRS is not liable for any conditions or expenses whatsoever not covered by its insurance policy. Therefore, CRS' Farmer-to-Farmer requires all volunteers be covered by a valid medical insurance policy, valid for coverage in the U.S. prior to and through at least the month following the assignment. Please provide your policy information below.

Doctor's name: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

My health insurance provider: \_\_\_\_\_

Provider's contact information: \_\_\_\_\_

(do not list an 800 number, as this cannot be called from overseas)

Insurance Group / Policy Number: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Please indicate any dietary restrictions, food allergies, or medical allergies

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any medical conditions (e.g. asthma, diabetes, eye conditions, high blood pressure, heart condition, etc.)

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Please indicate any medicines that you are currently taking, including the malaria prophylactic you will take on your assignment

<u>Medication</u>	<u>Reason</u>

**Immunizations**

I certify that I have consulted the list of vaccinations and medications recommended by the Centers for Disease Control (CDC) for this travel, and have received the list of vaccinations and medications reimbursable by CRS under the Farmer-to-Farmer program.

Please remember to initial the areas below.

**Either**

           (Volunteer Initials) I have already or will take such preventative medication or vaccinations.

**Or**

           (Volunteer Initials) I am aware of the risks; I choose not to take medication or vaccinations.

**Emergency Contact Information**

**Contact #1**

**Contact #2**

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

Address: \_\_\_\_\_

          \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date