



Sustainable Asia through Medicine and Education

3300 E South St #206, Long Beach, CA 90805

562-547-0423

SAME: Summer Medical Mission

Philippines March 15th – March 24th

Sustainable Asia through Medicine and Education (SAME) is a group of passionate volunteers with a unified vision of promoting positive social change by creating sustainable solutions that address medical and educational needs to underprivileged regions throughout Asia.

Our goal is not to bring temporary relief, but to create a sustainable change starting with public health education and branching out to medical treatment and long term care of the community as a whole.

During the medical mission students will be able to see patients with doctors, teach the community about public health, and helping provide a sustainable and holistic treatment plan to patients and the many years to come.

Ground Cost: 1000.00

Airfare: 700-1200

Deposit: \$350.00

Deposit is not an additional cost, only a way to secure your spot on the mission. Spots are reserved on a first come first serve basis. Only first 40 deposits will be accepted.

Payment Plans Available. Deposit deadline is December 20th. Full Payments due January 30th.

SAME offers a multitude of opportunities after the trip ends. The mission started overseas continues back in the states.

- Opportunities to shadow physicians, nurse practitioners, and other healthcare practitioners in private practices, hospitals, and assisted living facilities
- An opportunity to engage in communication with sponsoring physicians via email
- Ongoing lectures on cultural and international aspects of medicine
- Leadership opportunities for students to present their stories from travel to new, prospective students

Dr. Patel
President of SAME



Sustainable Asia through Medicine and Education Participant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
City State ZIP Code

Phone: _____ Email _____

Have you ever travelled outside of the US? YES NO

If yes, where: _____

Specific Interests? Pre-Med Pre-Dent Pre-PA Pre-NP Not Sure

Languages Spoken: _____

Special Diet: _____

Allergies: _____

Education

Current Institution: _____ Degree: _____

From: _____ To: _____ Did you graduate? YES NO GPA: _____

Class Year: _____

Emergency Contact

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to participation, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Waiver of Liability, Assumption of Risk, & Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the **Sustainable Asia through Medicine and Education Medical Mission** scheduled for **03/15/2019-03/24/2019** located, outside the United States, in the **Philippines** and hosted by **SAME NPO**, hereinafter called "The Activity", I, as Participant, for myself, my heirs, personal representative or assigns, do hereby **release, waiver, discharge, and covenant not to sue** Sustainable Asia through Medicine and Education, its officers, employees, and agents from liability **from any and all claims including the negligence of Sustainable Asia through Medicine and Education, its officers, employees and agents**, resulting in personal injury, accident, or illness, including death and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These risks range from (1) minor injuries such as scratches, bruises and sprains, (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, (3) catastrophic, life-altering injuries including paralysis, to (4) death.

Other risks include: **Students who take part of this activity are responsible for arranging their own transportation. Risks might include car or aircraft accident, transportation risks, mechanical breakdown, allergic reactions, sunburn, drowning, illness, food poisoning, smoke inhalation, terrain hazards, head, neck, and back injuries, fatigue, dehydration, tripping, falling, bruising, cuts and scratches, animal/bug bites, and other risks inherent with a location not controlled by Sustainable Asia.**

I know, understand, and acknowledge these and other risks that are inherent in The Activity. I understand that organized travel may or may not be available to and from the event and I accept the risks inherent in any such arrangements and/or the risk associated with personal travel, including the use of my own vehicle or someone else's vehicle. I know, understand, and acknowledge these and other risks that are inherent in The Activity. I hereby accept that participation is strictly voluntary, and that by signing this document I knowingly assume all such risks.

Rules Associated with The Activity: I agree to follow any and all rules, regulations, or other protocol, policy or procedure promulgated for The Activity whether developed by Sustainable Asia through Medicine and Education or other entity or individual associated with The Activity. I acknowledge and agree that if I am a student, my conduct during the Activities will be subject to your University's Student Conduct Code ("Code"), and agree to comply with the Code at all times during the Activities. I agree that a violation of the Code may lead to termination of my involvement in this activity and may subject me to conduct review in accordance with the Code.



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Representations Concerning Health: With full knowledge of the risks, participant represents to be in good health and does not have any condition which will interfere with one's ability to participate in The Activity or endanger his or her health in connection with The Activity. Participant has valid and current insurance to cover any injury or damage Participant may cause or suffer while participating in The Activity or otherwise agrees to personally bear the costs of such injury or damage. Participant authorizes but does not obligate Sustainable Asia through Medicine and Education to provide emergency medical treatment in the event of an accident or illness that occurs while participating in The Activity and agrees to hold harmless and indemnify Sustainable Asia through Medicine and Education for any and all actions taken by the NPO to provide necessary emergency medical care that results from The Activity.

Indemnification and Hold Harmless: I agree to INDEMNIFY and HOLD Sustainable Asia through Medicine and Education, its officers, employees and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result in my involvement in The Activity, including transportation, and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that by signing below and submitting this form that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** as relates to The Activity to the greatest extent allowed by law.

By typing my name and signing below below, I certify that I agree to the terms and conditions of this waiver and that all of my information entered is accurate. I understand that I will receive by email a PDF file of the signed document, which I will retain for my personal records.

Full Legal Name

Date of Birth

Signature

DATE



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Passport Information Request Form

Please attach a photo copy of your current unexpired passport to this form

Full Legal Name: _____

Date of Birth: _____

Passport Number: _____

TSA KTN (if applicable): _____

Passport Expiration: _____

Passport Issued Date: _____

Disclaimer and Signature

I certify that the information above is true and complete to the best of my knowledge. I understand that by signing this document I give Sustainable Asia through Medicine and Education the right to use my personal identification information above to book transportation tickets and accommodations.

Print Name: _____

Signature: _____ Date: _____

Please attach a photo copy of your current unexpired passport to this form



THE DO's

- **Do** bring ONE CARRY ON SIZE luggage (but we will check it in so the weight can be up to 50lbs) and ONE small backpack or daypack
- **Do** bring snacks, especially if you are vegetarian
- **Do** bring old clothes/toys (in good condition) to donate to the kids/families we see
 - Please feel free to bring candy, pencils, small Knick Knacks for the kids we visit at the Mangyan tribe
- **Do** bring extra cash approximately \$200 to \$300
 - You can easily live off of \$100 if you don't plan on buying souvenirs
 - Money will be used for any extra Non-SAME sponsored activities in Puerto Galera
 - As well as for street food, snacks at the market, souvenirs, or any alcohol purchased, etc.
 - **CASH is only at Puerto Galera**
- **Do** bring 2 pairs of scrubs and comfortable shoes for the mission sites
- **Do** bring TWO photocopied prints of your passport. 1 for the hotel, 1 in case you lose your passport.
 - Blanca does all of this for us we will collect your copies on the day of departure
- **Do** have fun and please be respectful
- **Do** bring a beach towel for water sports and beach days

IMPORTANT TIPS

- **Remember to watch all your belongings at all times as we are in a foreign country**
- **Bring your debit/credit card for emergencies but withdraw cash in the US before you leave**
- **CALL YOUR CARD COMPANY TO TELL THEM YOU ARE GOING TO BE IN A DIFFERENT COUNTRY.**

IMPORTANT RULES

- **Curfew in Manila is 11pm**
 - **EVERYONE MUST BE BACK INSIDE THE HOTEL BY 11 PM**
- **Curfew in Puerto Galera is 12am**
 - **EVERYONE MUST BE BACK AT THE HOTEL BY 12 AM**



THE DO NOT'S

- Do **NOT** rent mopeds or any vehicles
- Do **NOT** pet stray animals
- Do **NOT** drink any water from the sink **always** drink bottled and filtered water
- Do **NOT** walk around/wander without a member of our security team
- Do **NOT** take towels from the hotel room
 - We will receive a fine if initial amount of towels given to us are not there when we checkout
- Do **NOT** give cash to any of our patients
 - We will have clothes and toys to give them
- Do **NOT** bring escorts to the hotel room
- Do **NOT** break curfew
- Do **NOT** leave excess food on your plate at dinner
 - Most places we go to are buffets and they charge for excess food left on the plate!
- Do **NOT** exchange cash at any currency exchanges or at the airport.
 - Blanca will exchange all money for us so we ensure we get the best and correct rate

****Unable to follow the **DO NOT'S** will receive major consequences****

Please remember you are representing SAME, an organization that is highly respected in the Philippines, so please be on your best behavior and act appropriately.

As your letter of recommendation will reflect your performance!

Acknowledgment

I, _____, understand and agree to the following rules and regulations listed above. I acknowledge that failure to follow the rules and regulation will result in the loss of a Letter of Recommendation from Dr. Patel. I also understand that failure to follow the rules may result in early termination of my participation in the program and possible hotel arrest.