



AMERICAN FOUNDATION
for CHILDREN with AIDS

Vacation with a Purpose APPLICATION

TRIP PREFERENCE:

Country/Countries of Interest _____ Trip Dates _____

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Last Name _____

Preferred name _____

Mailing address _____

City _____ State / Province _____

Zip / Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email address _____ (email is the preferred method of communication)

Citizenship _____ Date of Birth (mm/dd/yy) _____

Gender: _____ Male _____ Female

Occupation _____ If student, school name _____

Traveling with a companion or group? Yes No (Each person must fill out their own application)

Group name _____

Companion name _____ Companion relationship _____

PASSPORT INFORMATION:

Passport Number _____ Expiration Date (mm/dd/yy) _____

Place of Issue _____

ADDITIONAL INFORMATION:

Why are you interested in participating in this event?

Previous volunteer experience (please describe, including where and when):



Previous international travel experience (please list countries and length of stay):

Please list any special skills (first aid, photography, writing, construction, etc):

LANGUAGES (Other than English):

Fluent _____

Conversational _____

Beginner _____

HEALTH:

Physical fitness: _____ excellent _____ good _____ fair _____ poor

Medications you currently take:

Special Dietary requirements:

Allergies, physical limitations, handicaps, etc.

Please send your completed application to us at:

Email: info@AFCAids.org

or

Mail: Vacation with a Purpose
c/o AFCA
1520 Greening Lane
Harrisburg, PA 17110



AMERICAN FOUNDATION
for CHILDREN with AIDS

Vacation with a Purpose

Emergency Contact Information

Name: _____

Trip Dates: _____ Country: _____

In case of emergency, please contact:

Name _____ Relationship: _____

Address _____

City _____ State / Province _____

Zip/Postal Code _____ Country _____

Day phone _____ Night phone _____

Personal physician information:

Name _____

Address _____

City _____ Zip / Postal Code _____

Country _____

Day phone _____ Night phone _____

Personal health insurance information: NOTE: You are responsible for procuring your own travel medical insurance, including emergency evacuation insurance.

Company _____

Policy number _____

Insurance agent _____ Agent phone _____

Coverage includes emergency evacuation? yes / no

Please be sure to read your travel insurance benefits and coverage information to ensure that you have medical coverage for the country you are visiting.

Please return this completed form, Release of Waiver and Liability and a copy of the ID page of your passport to us at:

Email: info@AFCAids.org

OR

Mail: Vacation with a Purpose
c/o AFCA
1520 Greening Lane
Harrisburg, PA 17110



AMERICAN FOUNDATION
for CHILDREN with AIDS

Vacation with a Purpose and Climb UP So Kids Can Grow UP

Release and Waiver of Liability

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT
THAT AFFECTS YOUR LEGAL RIGHTS**

IMPORTANT: Each participant must sign this “Release and Waiver of Liability” before being allowed to participate on an American Foundation for Children with AIDS trip. Please fill this out completely with the required information in all blanks provided. Please be sure that you read and understand the terms and conditions set forth below before signing this acknowledgement form.

This Release and Waiver of Liability (the “Release”) is executed by _____ (the “Participant”) on the date indicated with the Participant’s signature below, and in effect for one full calendar year from this date, in favor of AMERICAN FOUNDATION FOR CHILDREN WITH AIDS, a nonprofit corporation organized and existing under the laws of the State of Pennsylvania, USA, its affiliated organizations in other nations, its directors, officers, employees, advisors, team leaders, and agents (collectively, “AFCA”).

I, the Participant, desire to participate on an AFCA trip team and engage in the activities related to being a Participant on that team. I understand that the activities may include but are not limited to: traveling to and from other countries, traveling to and from other cities and towns, consuming food prepared locally and living in basic accommodations. There may also be strenuous physical activities and period of times at high altitude. For any trip with a volunteer component, activities may also include constructing and rehabilitating residential, community, medical and / or school buildings, volunteering at a medical facility, orphanage and / or school, hiking and / or climbing activities and other activities related to AFCA’s mission.

I, the Participant, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release. I, the Participant, release and forever discharge and hold harmless AFCA and their successors and assigns from any and all liability, claims, and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my activities with AFCA, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of AFCA or of other volunteers

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the volunteer activities. I also understand that AFCA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, disability or emergency evacuation insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

2. Insurance. I, the Participant, understand that AFCA does not carry or maintain health, medical, disability or emergency evacuation insurance coverage for any Participant. I acknowledge that I am responsible for procuring health, medical, disability insurance and emergency evacuation insurance for myself and will provide proof of insurance on request. AFCA makes no representations as to whether your own personal health insurance policy would cover any expenses incurred while on this trip. The Participant should determine this before leaving on the trip and carry appropriate insurance information.

3. Medical Treatment. I hereby release and forever discharge AFCA from any claim whatsoever which arises or may hereafter arise on account of any first-aid, medical treatment, or other services rendered in connection with my work with AFCA.

4. Assumption of the Risk. I recognize and understand that my time with AFCA may include activities that are inherently hazardous, including, but not limited to: construction activities, loading and unloading of heavy equipment and

materials, local travel to and from the work sites. Activities may also include exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency. Some trips may include strenuous hiking and/or climbing at high altitude. hiking and / or climbing on difficult trails, often in remote areas, and spending time at high altitude. I also understand that there is some inherent risk in consuming local foods and living in local accommodations available in the country(ies) visited. I further understand that I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activity, inclement weather, or other circumstance that could threaten my safety or health.

5. Hostages. I, the Participant, understand that, it is AFCA's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

6. Photographic Release. I, the Participant, grant and convey unto AFCA all right, title, and interest in any and all photographic images and video or audio recordings of or including my image or voice, made by AFCA during my activities with AFCA, including, but not limited to, any right to use such photographs or recordings for any purpose, and to any royalties, proceeds, or other benefits derived from them.

7. Other. I, the Participant, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release AFCA from all liability for injury, illness, death, or property damage resulting from the activities of my time with AFCA. To express my understanding of this release, I sign here with a witness.

Participant:

Name: _____ Signature: _____

Address: _____

Phone (H): _____ Phone (C): _____

Email: _____ Date: _____

Witness:

Name: _____ Signature: _____

Address: _____

Phone (H): _____ Phone (W): _____

Email: _____ Date: _____



AMERICAN FOUNDATION
for CHILDREN *with AIDS*

Vacation with a Purpose

Participant Acknowledgement

Special Terms and Conditions for International Trips

IMPORTANT: Please be sure that you read and understand the terms and conditions set forth below before signing this acknowledgement form.

AFCA and its host community partners take many precautions to ensure the security and safety of all AFCA trip participants. However, when travelling internationally, especially to and in developing countries, unforeseen situations may arise.

Security or safety may be compromised due to political instability, acts of violence or terrorism, extreme inclement weather, risks to health, and other circumstances. Accordingly, AFCA reserves the right to cancel your trip at any point up to your date of departure. If circumstances arise during your trip that compromise safety or security, your trip may be cut short.

In addition, AFCA expects all participants, including minor children, to respect their fellow participants and the residents of the communities in which they are staying. AFCA reserves the right to ask any participant to leave the group if the participant engages in acts of misconduct, including violations of AFCA policies, violations of the law (of the host country or sending country if you are traveling internationally), and acts that are determined by AFCA or your team leader to constitute serious misconduct or disrespect to the community in which you are volunteering.

If your trip is canceled or cut short, AFCA shall not be responsible for reimbursing you for your nonrefundable expenses. If you are asked to leave the group due to an act of misconduct, you shall do so at your own expense. We highly recommend that you invest in trip cancellation insurance, as it is NOT provided by AFCA.

I, _____, acknowledge that I have read, understand, and agree to the terms and conditions set forth above.

Signature: _____ Date: _____

Address: _____

Phone (H): _____ Phone (W): _____

Email: _____



AMERICAN FOUNDATION
for CHILDREN *with* AIDS

Vacation with a Purpose Program Payment Policies and Procedures

Thank you again for committing to helping children served by the American Foundation for Children with AIDS (AFCA)! Our Payment Policies and Procedures guide applies to everybody who commits to a *Vacation with a Purpose (VWP)* fundraising trip, so please read this carefully.

We hope the following guide proves helpful for those of you who are fund raising the financial support necessary to make your trip a reality. Be sure to review the information here before beginning your fundraising efforts. These guidelines are in place to ensure that you have the opportunity to join others in the mission of AFCA to help provide medicine to children in Africa affected and infected by HIV/AIDS.

Deposit and balance

In order to confirm your place on the team, you must submit a **non-refundable and non-transferable** deposit in the amount of **\$300** to AFCA **within 14 days** of being invited to join an AFCA team. The balance of the trip payment (trip cost minus the \$300 deposit) is **due no later than 45 days prior to departure**, and is also **non-transferable**. All payments toward your trip must be made in U.S. dollars.

Note: if you are part of a “closed group” (church, corporate, civic club or other group that is not recruiting team members outside your organization), please confirm the deposit amount with your team leader, and understand that it is non-refundable.

Submitting payments

All payments toward your trip must be made in U.S. dollars to AFCA (unless they are payments

made on our site, which can be made in a variety of currencies) and designated to your trip (see the “coding donations” sidebar). Payments may be submitted by personal check, money order, MasterCard, Visa, or wire. Your trip payment covers your lodging, food, ground transportation, orientation materials, project costs, rest and relaxation portion, and a donation to AFCA’s programs. Not covered are: costs of passports and visas; excess baggage charges; immunizations; travel insurance; international airfare; airport departure taxes; sightseeing, game drives or meals not listed in each itinerary; laundry; communication charges; and gratuities.

You can pay by credit card online on the AFCA website by going to **afcaids.org**:

- From the AFCA home page, hover over the “**Donate**” button.
- Select “Donate Online”
- For foreign currencies, find the green button that says USD and change it to your currency. Make sure you’ve worked out the conversion correctly!

In order to ensure that your payment is properly credited to your account, be sure ask donors to include your name and the trip location and dates in the comments section.

Participants and donors who submit funds by credit card will receive an automatic e-mail acknowledgment that the payment was received.

Checks and money orders must be made payable to AFCA and mailed to:

AFCA
1520 Greening Lane
Harrisburg PA 17110

Your deposit and any payments you submit toward the cost of your trip will automatically be credited toward satisfying your financial obligation only when coded as per the coding donation sidebar below.

Coding donations

For a donation to be credited toward your trip, your name and “VWP – your trip location” must be written on a note included with checks submitted to the AFCA office on your behalf.

For online credit card payments through our website, have your name and trip location entered in the comment box.

Funding your trip

Fundraising web page – For your trip, you may create a fundraising page at <https://www.afcaids.org/vacation-with-a-purpose/> (find your team) so that you have the option of fundraising on-line. The web site quickly and easily directs you through the creation of your own web page where you can then direct your donors. Credit card fees must be covered and all donors are invited to do so.

Contact AFCA for more details.

Matching gifts – Contact your company’s matching gift officer prior to submitting a matching-gift form. Not all companies’ matching-gift policies allow for the matching of participation fees. If applying for matching gifts, notify AFCA.

Note: Matching gift funds may only be used to offset the final balance owed if they are received by AFCA at least 30 days before the trip departure.

Tax deductibility – Funding raised toward the cost of a VWP trip also includes the cost of food, lodging, rest and relaxation, and transportation during the trip. A portion of the required trip payment supports the charitable purpose of AFCA. Depending on the participant’s country of origin, this trip’s cost may or may not be tax-deductible. Please consult a tax adviser concerning your specific situation.

Acknowledging donations – All donors who contribute via check or money order payable to AFCA or who make a credit card donation designated to a VWP participant are sent acknowledgment letters by AFCA. Those who donate online (via a personalized web page or via the link “Donate” on AFCA’s website) receive a prompt e-mail confirmation that the donation was received. Checks should not be made payable directly to you.

Funds raised in addition to the published trip cost – One of the stated purposes of the VWP program is to raise funds for children in Africa who are impacted by the AIDS pandemic. To remain consistent with our mission, AFCA is not able to roll additional funds over to a future VWP trip. AFCA will use any additional funding that you raise towards the children we support.

Fundraising for airfare – Funds raised in excess of the trip cost may not be used to cover all or part of a VWP team participant’s airfare. However, we recognize that some people may want to raise money for their airfare. Please do this on your own. Participants may still be able to claim their airfare as a tax-deductible expense even if the funds are paid directly from the participant to a vendor, as long as the trip is in pursuit of a charitable purpose. Team members will need to contact a tax adviser concerning their specific situation.

Cancellation policy

For all trip cancellations received more than 90 days prior to departure, the \$300 deposit is forfeited. For cancellations 45-89 days prior, the

fee is 50% of the total trip price; 45 days prior or less, 100% of total trip price.

If you feel there is a chance that you may need to cancel a trip, we recommend that you purchase trip cancellation insurance.

If AFCA must cancel – We will make every effort to conduct the trip as scheduled; however if AFCA must cancel, we will attempt to place you on another team. If that is not possible, you may receive a full refund, minus your deposit. AFCA cannot compensate participants for the cost of unusable airfare or any other expenses resulting from the cancellation.

Thank you!

Once again, we appreciate your dedication to AFCA's mission and your willingness to participate in a *Vacation with a Purpose* trip. Thank you for complying with AFCA's Payment Policies and Procedures guidelines and please let us know if we can be of any additional help.

AFCA will contact you to explain how to claim your refund if we must cancel your team's trip.

Delay's en route – If delays occur en route, or missed or cancelled flights cause you to miss your rendezvous with the team, AFCA staff will do everything possible to assist you in connecting with the team. However, AFCA cannot be responsible for an expenses incurred due to flight problems.



AMERICAN FOUNDATION
for CHILDREN with AIDS

Vacation with a Purpose

Release and Waiver of Liability - Minors

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT
THAT AFFECTS YOUR LEGAL RIGHTS**

IMPORTANT: Each Minor participant and their parent(s) / legal guardian(s) must sign this “Release and Waiver of Liability” before being allowed to participate on an American Foundation for Children with AIDS / Vacation with a Purpose trip. Please fill this out completely with the required information in all blanks provided. Please be sure that you read and understand the terms and conditions set forth below before signing this acknowledgement form.

This Release and Waiver of Liability (the “Release”) is executed by _____ (the “Volunteer”) on the date indicated with the Volunteer’s signature below, and in effect for one full calendar year from this date, in favor of AMERICAN FOUNDATION FOR CHILDREN WITH AIDS, a nonprofit corporation organized and existing under the laws of the State of Pennsylvania, USA, its affiliated organizations in other nations, its directors, officers, employees, advisors, team leaders, and agents (collectively, “AFCA”).

I, the Volunteer, desire to participate as a volunteer for AFCA on an AFCA “Vacation with a Purpose” team and engage in the activities related to being a volunteer on that team. I understand that the activities may include but are not limited to: traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign country(ies), constructing and rehabilitating residential, community, medical and / or school buildings, volunteering at a medical facility, orphanage and / or school, hiking and / or climbing activities, and other activities related to AFCA’s mission.

I, the Volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless AFCA and their successors and assigns from any and all liability, claims, and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my activities with any of the AFCA, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of AFCA or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the volunteer activities. I also understand that AFCA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, emergency evacuation or disability insurance in the event of injury, illness, death or property damage.

It is the policy of AFCA that children under the age of 16 be allowed on a AFCA worksite while construction is in progress only if accompanied by a parent having legal custody and / or a legal guardian (“Guardians”). The Guardian is responsible for monitoring the child(ren)’s behavior and safety while on the worksite. It is further the policy of AFCA that, while children between the ages of 16 and 18 may be allowed to participate in construction work, anyone under the age of 18 will not be permitted to use power tools, excavation, demolition or work or similar activities.

2. Insurance. I, the Volunteer, understand that AFCA does not carry or maintain health, medical, disability or emergency evacuation insurance coverage for any volunteer. I acknowledge that I am responsible for procuring health, medical, disability insurance and emergency evacuation insurance for myself and will provide proof of insurance on request. AFCA makes no representations as to whether your own personal health insurance policy would cover any expenses incurred while on this trip. The Volunteer should determine this before leaving on the trip and carry appropriate insurance information.

3. Medical Treatment. I, the Volunteer, hereby release and forever discharge AFCA from any claim whatsoever which arises or may hereafter arise on account of any first-aid, medical treatment, or other services rendered in connection with my volunteer activities with AFCA.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge AFCA and its agents from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of AFCA to provide medical or dental treatment deemed necessary in their best judgment to protect the health and safety of the Minor volunteer.

4. Assumption of the Risk. I, the Volunteer, recognize and understand that some of the activities may be inherently hazardous, including, but not limited to: construction activities, loading and unloading of heavy equipment and materials, local travel to and from the work sites, and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency. Some trips may include strenuous hiking and/or climbing at high altitude. I also understand that there is some inherent risk in consuming local foods and living in local accommodations available in the country(ies) visited. I further understand that I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activity, inclement weather, or other circumstance that could threaten my safety or health.

I also understand that, in order to protect its employees, agents and volunteers in all countries around the world, it is AFCA's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release AFCA from all liability for any loss, cost, expense, injury, illness, death, or property damage resulting directly or indirectly from the activities of my time with AFCA.

5. Photographic Release. I, the Volunteer, grant and convey unto AFCA all right, title, and interest in any and all photographic images and video or audio recordings of or including my image or voice, made by AFCA during my activities with AFCA, including, but not limited to, any right to use such photographs or recordings for any purpose, and to any royalties, proceeds, or other benefits derived from them.

6. Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I further agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

Volunteer:

Name (please print): _____ Signature: _____

Address:: _____

Phone: Home _____ Cell: _____

Date of Birth: _____ Email: _____

Witness to Volunteer's Signature:

Name (please print): _____ Signature: _____

Address: _____

Phone: Home _____ Cell: _____

Email: _____

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the "Parental Authorization for Treatment of, and Travel With, a Minor Child" on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent / Guardian:

Name (please print): _____ Signature: _____

Phone: _____ Email: _____

Witness to Parent / Guardian:

Name (please print): _____ Signature: _____

Phone: _____ Email: _____

Parent / Guardian:

Name (please print): _____ Signature: _____

Phone: _____ Email: _____

Witness to Parent / Guardian:

Name (please print): _____ Signature: _____

Phone: _____ Email: _____

Parental Authorization for Treatment of, and Travel With, a Minor Child

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of American Foundation for Children with AIDS, as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child,

_____ concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the country in which treatment is sought. My agent shall have the same right of access to my minor child's medical records that I have, including the right to disclose the contents to others.

Also, I hereby authorize and appoint my agent to travel with my minor child to _____, and consent for my minor child to serve as a volunteer (insert location) _____ and to participate in the activities of the volunteer team on a voluntary basis, without compensation.

Parent or Guardian: _____ Witness: _____

Date: _____ Date: _____

Parent or Guardian: _____ Witness: _____

Date: _____ Date: _____

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to and subscribed before me by _____ and _____, the Parent(s) or Legal Guardian(s) of _____, a minor child, this ____ day of _____, 20____.

Notary Public: _____

My commission expires: _____