**DISTRICT 5360 VTT PARTICIPANT APPLICATION FORM**

**Note: If web links in this document do not open directly by clicking on them, copy the link and paste it into the address pane of your browser.**

**Participant Information**

Team leader:  Team member:

Family Name: **Click here to enter text.** First Name: **Click here to enter text.**

Rotarian: Yes  No  If yes, please enter Rotary ID: **Click here to enter text.**

Gender: Male  Female

Location of residence (city or town): **Click here to enter text.**

Province or State: **Click here to enter text.**

Country **Click here to enter text.**:

E-mail address: **Click here to enter text.**

Month and year of planned travel: **Click here to enter text.** Destination: **Click here to enter text.**

**Participant’s Travel Insurance Carrier:**

Name of Company: **Click here to enter text.**

Phone Number: **Click here to enter text.**

Policy Number: **Click here to enter text.**

**Note to healthcare professionals**: Healthcare professionals who will be providing services as part of the vocational training team activities are expected to have a minimum of $US500,000 in professional liability insurance. This refers to coverage for the participant’s legal liability arising from their professional acts or omissions that cause harm to others. The participant is responsible for obtaining and paying for this coverage.

**Experience**

Please explain how your educational and/or professional expertise relates to the team’s goal.

**Click here to enter text.**

Please describe your goals for participating in this training.

**Click here to enter text.**

**Agreement**

For purposes of this agreement, the phrase “the Rotary entities” shall mean “Rotary District 5360, the sponsoring Rotary Club within District 5360, Rotary International and The Rotary Foundation”.

As a member of a Rotary Foundation District Grant team for vocational training, I agree to the following conditions of award. I:

1. Confirm that I have reviewed the itinerary for the travel and training associated with this grant.
2. Confirm that I will actively participate in the vocational training and work with my team as a cohesive group in order to ensure the success of the grant.
3. Will take an active role in the pre-departure orientation including any necessary language and cultural training to ensure that I am knowledgeable about the country(ies) to be visited and thoroughly acquainted with the aims, objectives, and ideals of Rotary and the purpose of the vocational training to further Rotary’s mission.
4. Understand that by requiring insurance herein, the Rotary entities do not represent that the coverage and limits will necessarily be adequate to protect me. I should consult with an insurance professional to determine which coverage and limits will be adequate to cover me in the geographical location(s) to be visited. Other than the US$500,000 in professional liability coverage that healthcare professionals must provide at their own cost, the cost of adequate travel insurance may be paid out of the grant money awarded.
5. Agree that all arrangements relating to transportation, language training, insurance other than that described herein, housing, passports, visas, inoculations, and financial readiness are my personal responsibility.
6. Understand that the sponsoring Rotary Club will only provide for costs directly associated with grant implementation and agree to have sufficient funds to meet my personal and incidental expenses while traveling.
7. Understand that Rotary District 5360 has final authority to approve team members. Team members or alternates may be disqualiﬁed at any time, if deemed appropriate, at the sole discretion of The Rotary Foundation.
8. Agree to reimburse the sponsoring Rotary club for any costs I have incurred if my behavior warrants dismissal from the team.
9. Certify that the selection committee is aware of my relationship (professional or personal) to any Rotarians sponsoring my candidature and/or any other participants on the team.
10. Agree to remain with the team throughout the term of the grant, except during those periods when individual time is scheduled, and will inform the team of my whereabouts at all times.
11. Will maintain standards of behavior and deportment during my travels with the team that will reﬂect positively on Rotary, my sponsor club or district, and my country.
12. Agree to refrain from engaging in dangerous activities for the entirety of the grant. I further confirm that I understand and agree to the following:
    * I am solely responsible for my actions and property while participating in and traveling to and from grant activities.
    * While participating in this training, I may be involved in some dangerous activity including exposure to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this training.
    * I shall be solely responsible for any and all costs and damages for any illness, injury, or other loss (including loss of consortium and emotional loss) incurred or suffered participating in, traveling to or from the training, or otherwise related to the provision of the grant.
13. Agree to refrain from engaging in dangerous activities that could unnecessarily endanger or threaten the health, safety, or well-being of myself or other participants. Such activities would include, but not be limited to, skydiving, bungee jumping, extreme sports, and operating heavy machinery. I am solely responsible for my actions and property while participating in, and traveling to and from, the training.
14. Confirm that if I engage in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, and contact with infectious diseases, I am solely responsible (including providing for adequate insurance) for any and all liability that may arise from my participation in this activity.
15. Release the Rotary entities from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant and understand that I am responsible for all costs not covered by the grant. I do hereby agree to defend, indemnify and hold harmless the Rotary entities from and against all claims (including, without limitation, claims for bodily injury or property damage), demands, actions, damages, losses, costs, liabilities, fines, expenses (including reasonable attorney’s fees and other legal expenses), awards, and judgments asserted against or recovered from the Rotary entities arising out of any act, conduct, omission, negligence, misconduct, unlawful acts, or violations of any of the terms and conditions that apply to this grant. The foregoing includes, without limitation, injury or damage to the person or property of the Rotary entities or any third party, whether or not subject to any policy of insurance.
16. Agree to participate in Rotary club and district activities as requested by my sponsors.
17. Permit The Rotary Foundation to share my name and contact details with other vocational training teams and Rotary districts upon request. Unless I indicate otherwise in writing, by submission of the photos in connection with any report, I hereby give publication rights to Rotary International and The Rotary Foundation for promotional purposes to further the Object of Rotary, including but not limited to their publications, advertisements, and Web sites. I also authorize the Rotary entities to share photos from reports between themselves for promotional purposes to further the Object of Rotary.
18. Confirm that if I elect to travel after the end of the training, I agree to return to my sponsoring district or club within four weeks after the grant is completed.
19. Agree that my spouse or other family members, who are not approved members of the team, will not accompany the team during the term of the grant under any circumstances.
20. Agree to have a medical examination, completed and signed by the examining physician, in order to confirm that I am fit for travel.

The laws of the Province of Alberta shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement. Any legal action brought by either Party against the other Party arising out of or relating to this Agreement must be brought in Courts in the Province of Alberta. Each Party consents to the exclusive jurisdiction of these courts and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in the designated courts from enforcing the judgment in any other court.

**Please confirm the following:**

I have read and agree to the [Terms and Conditions of Rotary Foundation District Grants and Global Grants](http://www.rotary.org/RIdocuments/en_pdf/fv_grant_terms_conditions_en.pdf) available at <https://www.rotary.org/myrotary/en/document/terms-and-conditions-rotary-foundation-district-grants-and-global-grants-grants-awarded> and the above terms of agreement associated with my participation in this grant.

I meet the medical requirements for this grant and can fully participate in international travel and activities during the vocational training grant.

I understand that I am required to secure travel medical and accident insurance as outlined in this participant agreement and that I must provide details for coverage to the Rotary Team Leader. I understand that this insurance must be valid for all countries visited during the grant period.

I have obtained or will obtain any visas required for travel before my departure.

Name (please print):

Signature (mandatory):

Date:

Note that this document is locked so you must print your name and the date when you sign above..

Please submit a signed copy of this form to D5360VTTapplication@gmail.com

TEAM LEADER – in addition to sending your signed application, you MUST submit by email, a Memorandum of Understanding (MOU) signed by all participating entities which are listed on your Club Application. If the MOU form below does not work for you, please find a copy on Rotary5360.org under the Documentation tab.