**Re: IPOS Registration Fee Waiver Request to Attend the 2019 IPOS Academy in Maputo, Mozambique**

***Check list for the IPOS Registration Fee Waiver Applications***

Please confirm by checking the boxes that you meet the eligibility criteria below, and sign at the end of this page.

[ ]  I am a professional working in direct contact with cancer patients in Africa;

[ ]  I conduct clinical work in a field appropriate to the field of psycho-oncology (e.g., physicians, nurses, psychologists, social workers, occupational therapist);

[ ]  I am fluent in oral English. Note: According to the Cambridge Dictionary, “when a person is fluent, they can speak a language easily, well, and quickly.”

[ ]  I am eligible to obtain a Visa from Mozambique if a Visa is required;

[ ]  I commit to attend the two-day Academy on November 3-4, 2019 if selected;

[ ]  I commit to sharing the knowledge learned through the Academy to professionals in my city and country in Africa;

[ ]  I assume responsibility for my safety and physical health during my travels to and from the Academy as well as during the Academy;

[ ]  Should I receive a waived registration fee, I understand that I will be asked to arrange and pay for my own travel and accommodations.

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Signature of applicant



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**Academy Participant Waiver Form**

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| Optimizing Communication in African Oncology Settings ­­­– Breaking Down Barriers, Creating Connections, Optimizing Outcomes.Maputo, Mozambique November 3-4, 2019 |

Attending a training academy is an exceptional educational opportunity, but it is not without responsibility and potential risks, dangers, hazards, and liabilities to all participants. All participants taking part in an international opportunity are required to accept these risks as their own, as a condition of the International Psycho-Oncology Society (IPOS) allowing their participation in this Academy.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the following:

1. I hereby certify that I have read all the program materials, and I absolve the International Psycho-Oncology Society (IPOS) and the local coordinating agency from any and all liability for injury, loss, damage, accident, delay, irregularity, or additional expense arising from the use of any vehicle or services, or from act of omission of any watercraft, railroad, motor coach, car rental agency, airline, or other transportation company, or for any other cause whatsoever in connection with the training academy. I understand that IPOS does not accept responsibility in any way for the loss or damage to baggage or personal effects.
2. I certify that all of the information I include in my application, including listings of activities and awards, research undertaken or planned, and personal statements, are my own work and are accurate and honest to the best of my knowledge.
3. I grant permission for the International Psycho-Oncology Society (IPOS) to publish in print, electronic, or video format my biographical information and the likeness or image of myself to publicize my receipt of this scholarship and attendance at the Academy.
4. I acknowledge that I am aware of the risks of foreign travel including, but not limited to the following:
* Personal injury or death due to illegal activities, physical violence, war;
* Theft, vandalism, or loss of personal property;
* Motor vehicle or traffic accidents and poor roads and/or transportation systems;
* Diseases not common in your home country;
* Exposure to wildlife;
* Different environmental and weather conditions than those in your home country;
* Cultural and religious differences;
* The laws of Mozambique may be significantly different than those in your home country;
* The medical services in Mozambique may be of a lower standard than what might be expected in your home country;
* A significantly higher crime rate and criminal activity than in your home country;
* Hazards resulting from previous or current political unrest, military and/or terrorist activity;
* and,
* Cancellation of this academy to Mozambique due to weather, flooding, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, failure to perform on the part of the travel agents, travel guides or airline companies, problems relating to customs, immigrations or visa requirements, or any other circumstances either within or beyond the control of the IPOS.
1. I am responsible for obtaining all information concerning the conditions and requirements for legally entering and residing in Mozambique and participating in the academy, as well as securing all required documentation, including but not limited to study permits, entrance visas, health and travel insurance, and passports, and I am responsible for the cost of obtaining these documents, if not covered by the scholarship.
2. Should I receive a scholarship I understand that I will be asked to arrange my own travel to and from the Academy and will have expenses for meals, for which I will subsequently be reimbursed up to a certain predetermined amount upon presentation of detailed and itemized receipts. Hotel arrangements will be provided by IPOS and cannot be changed. It may take several weeks before I will be able to be reimbursed for expenses and reimbursement will only be allowed for certain items and for a maximum allocated per item.
3. I waive any and all claims I may now and in the future have against, and release and forever discharge from all liability and agree not to sue the International Psycho-Oncology Society (IPOS), its association management company, representatives, directors, officers, insurers and agents, and each of their successors and assigns (collectively, the "Releasees") of and from all claims, actions, causes of action, costs and expenses, demands and/or liabilities for any personal injury, illness, death, property damage or loss, financial loss or any loss or injury or damages of any kind whatsoever, foreseen or unforeseen, which might be sustained by me, or any of my family members or dependants, as a result of, arising out of, or in connection with my participation in this academy due to any cause whatsoever, including, without limitation, that the same may have been caused by, contributed to or occasioned by any act or failure to act (including, without limitation, negligence) of the International Psycho-Oncology Society (IPOS) and/or any one or more of the Releasees.
4. The International Psycho-Oncology Society (IPOS) will not be held responsible for any decision made by a border authority or immigration officer to grant or deny the student entry into the country of Mozambique and any other country visited in transit to/from Mozambique.
5. I represent and acknowledge that I have read this Agreement and fully understand each and every provision and that I am signing this Agreement of my own free will.

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| Signature: | Print full Name: |
| Date: | Address: |

This form consists of two pages.