

**American Association of Pharmaceutical Scientists
Volunteer Travel Policy**

Volunteers who travel on behalf of AAPS or as official AAPS representatives to meetings travel on their own free will and accept all attendant risks.

AAPS will not sponsor volunteer travel to countries on the U.S. Department of State Travel Warning list. For travel to countries that may be potentially dangerous (as determined by AAPS) AAPS will exercise reasonable care in determining if the meeting sites are safe and communicate relevant information to volunteer travelers. In such cases, volunteers may be required to sign waivers absolving AAPS of responsibility for their safety. AAPS reserves the right to require volunteers to sign waivers for any sponsored travel.

**American Association of Pharmaceutical Scientists
Volunteer Travel Procedure**

In accordance with the AAPS Volunteer Travel Policy, this procedure outlines the required steps for volunteer travel.

Travel to Countries on U.S. Department of State Travel Warning List

AAPS will not sponsor any volunteer travel to countries listed on the above list.

Travel to Potentially Dangerous Countries

A potentially dangerous country is any country with cautions or warnings listed in the Safety and Security section of the U.S. Department of State Consular Information Sheet for that country. AAPS reserves the right to designate any country as a potentially dangerous country for volunteer travel purposes.

In order to sponsor volunteer travel to a potentially dangerous country, the following steps must be followed:

1. AAPS will obtain information that will adequately warn the volunteer of the dangers connected with travel to the country. Source of this information will be the U.S. Department of State or other recognized information services.
2. AAPS will exercise reasonable care in determining the safety of the meeting sites.
3. AAPS will take reasonable care in taking precautions needed to ensure volunteer safety.
4. AAPS staff will prepare a waiver (see sample waiver attached) for the volunteer to sign that contains the following information:
 - a. Volunteer acknowledges that he/she has been provided with information concerning the potential dangers associated with attending a meeting in the country.
 - b. Volunteer acknowledges that he/she understands the potential dangers and is traveling to the country and attending the meeting at his/her own free will.
 - c. Volunteer agrees to hold AAPS harmless, and waives any right that the volunteer may have to take action against AAPS for any injury the volunteer may incur as a result of the hazardous and unsafe conditions in the country.

All AAPS sponsored volunteers traveling to potentially dangerous must sign the waiver in order to participate in the event.

**American Association of Pharmaceutical Scientists
Volunteer Travel Waiver**

Traveler's Name _____.

Traveler's Address _____.

Destination (s) _____.

Date of Trip _____.

Attach an itinerary and modes of transportation for any portion of the trip which you will be reimbursed by the American Association of Pharmaceutical Scientists (AAPS) and/or will serve as a representative of AAPS.

In connection with my trip to the above referenced destination(s):

1. I acknowledge that I have carefully identified, reviewed, understand and considered the risks of travel to these destinations, including reading the most recent relevant U.S. Department of State, Centers for Disease Control (CDC), and World Health Organization (WHO) Travel Warnings, as well as any information provided by AAPS about these destinations.
2. I have provided AAPS with a written description of my reasons for going to the destination(s) set forth above. Such description includes information concerning any AAPS project or program that is connected with the trip for which I will represent AAPS or request AAPS funding.
3. I am voluntarily making the decision to travel to the destination(s) and acknowledge that I am not required or encouraged to travel to the destination(s) and acknowledge the fact that AAPS has urged me not to travel to these destinations.
4. I hereby release, waive, discharge and covenant not to sue AAPS, its directors, officers, employees and agents (hereinafter referred to as 'Releasees') from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any losses, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the destination(s) described above. I further agree to indemnify and hold harmless the Releasees from any loss, liability or damage or costs they may incur resulting from my travel. It is my express intent that this Release shall bind my spouse and members of my family, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a Release Waiver and Discharge and Covenant Not to Sue the above named Releasees.

Travelers' Signature

Date