



# Buy-a-Net 'Voluntour' Program Manual 2011/2012



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## **Buy-a-Net “Voluntour” Program**

*Buy-a-Net Malaria Prevention Group is pleased to offer you a once in a lifetime unique opportunity to participate in service learning, volunteerism and life saving programs in one of the most beautiful places on earth.*

As a partner of the “World Health Organization, Roll Back Malaria Initiative”, welcome to the team. We are very pleased you have chosen a “voluntour” opportunity with *Buy-a-Net Malaria Prevention Group*. It is hoped that the information contained in our manual will serve as your guide as you anticipate and prepare for an experience of a lifetime.



Departing from Toronto, Ontario, you will travel to Entebbe, Uganda to connect with the people of Uganda. You will be greeted by the Buy-a-Net (BAN) Ugandan staff. Under the guidance of local and Canadian Buy-a-Net team leaders, you will spend time volunteering at local schools, community health centres, hospitals and rural and isolated village settings. You will also spend time helping in practical ways to improve the local community, while interacting intensively with the people of Uganda.

There will also be unique opportunities to interact with local doctors, nurses and teachers. This is intended to promote mutual collaboration between health and educational professionals for the benefit of all. Sharing experiences will likely involve discussions about process, knowledge about training, health care delivery or teaching models, and strategies.

Participants will have an opportunity to assist with the process of community organization and program delivery. This could include the education and development of community health workers, basic health and disease (malaria) education, bed net distribution, and monitoring and evaluation activities.

We welcome you to assist with the project, and for those with special interests, let us know what they may be. We will do our best to make your experience a rewarding one, where you will feel that you’ve made a valuable and worthwhile contribution.

***Buy-a-Net: To Educate, Empower & Make a Difference!***



The motivation for the voluntour program was derived from personal and professional experiences of the founder, Debra Lefebvre. The program supports the vision of Buy-a-Net to improve the health and wellbeing of families, through disease prevention (malaria) in partnership with community based groups. It serves both Ugandans and Canadians well to connect and share. Through participation and partnerships, learning and experience allow for cultural understanding and awareness.

Health care in developing nations can be very different, if not shocking, when compared to the North American experience. Often times, there can be a critical shortage of professional health care providers, and the resources spent on health care are far less and insufficient to meet the needs of the people. Many people in developing countries rarely seek medical assistance for various reasons; lack of funds to pay for care, inaccessible health services due to geographical location or non-existence of a health care facility, or they rely on alternative methods (local remedies or treatments). Recognizing these realities, Buy-a-Net has implemented a Ugandan community based, partnering strategy to support the country's health care system.



Melody Maberry at bed net distribution in Kawempe 2010

The World Health Organization (WHO) asserts that the most effective method of prevention against malaria is the use of long lasting insecticide treated bed nets (WHO 2005). While the world community has made great strides in saving lives from malaria since then, lives continue to be lost to this disease at an alarming rate. Malaria killed approximately 780,000 people worldwide in 2009 (WHO World Malaria Report 2010), even though it is a highly preventable and 100% treatable disease. Children under five years old and pregnant women are most vulnerable. A child dies from malaria every 45 seconds, and 50 million pregnant women and their unborn children are at risk of lifelong poor health or death.



Mother and child receiving bed nets in Kawempe 2010

While the world community has made great strides in malaria prevention and control, we must remain vigilant if we are to eradicate malaria once and for all. According to the Roll Back Malaria Report, September 2011, malaria deaths are down by 38% worldwide. UN Secretary General, Ban-Ki Moon, has called for the end of malaria deaths by 2015 as set out in the Millennium Development Goals.

Uganda is known as a high burden zone for malaria. Plasmodium Falciparum, the deadliest strain of malaria, accounts for 95% of all malaria related deaths in Uganda. Uganda struggles with malaria prevention and control. Many factors accounts for this, including the geographical location of Uganda, poor resource allocation, and the deadly malaria strain that is prevalent there.



Community Health Worker

As a social enterprise, one of the core objectives of Buy-a-Net is to prevent malaria, one village at a time. This is achieved through the distribution of long-lasting insecticide treated bed nets and ant- malarial medicines, free-of-charge, in partnership with community based groups.



Bed net education and distribution, Kawempe 2010

Buy-a-Net actively fundraises for bed nets and drug therapies, pursues partnerships and builds relationships to strengthen the arsenal of tools that are necessary to combat this disease, as well as engage the most precious resource of Africa: the women. Women are the fabric of most African communities and they try to hold it all together. Very often it is the women in the villages who emerge as community health leaders. Local women are

trained, empowered and respected by their neighbors, leading to compliance and success in the reduction of preventable disease. They are the ones who stay in the village to support and nurture better community health. Bed nets can serve as catalysts for better health seeking behaviors; pregnant women who normally would not seek pre-natal care, do so to receive a bed net, and parents who normally would not bring their children to Well Baby or Child Health Days, do so to receive a bed net.



Buy-a-Net volunteers helping with the registration of homes - marking doors with numbers to correspond in registration book for mosquito nets in Katala Village 2009.

*"....The experience with BAN is hard to describe in words, because words just do not give justice to the sights I saw, the sounds I heard, and the people I met. I could go on and on about the anti-malaria work we did in villages; the sensitization training we sat in on; the education, distribution and monitoring we were a part of; that separates BAN from so many other Ngo's in the area; the extra mile that BAN goes to ensure the communities understand the causes of malaria, and the different ways the people can guard themselves against contracting and spreading malaria..."*

**- Samia Hirani, voluntour 2009**

With the endorsement of the Canadian Nurses Association, recognizing Buy-a-Net as a “direct mechanism for the prevention of malaria deaths in Africa”, our process involves community consultation, validation, participation and engagement. The process leads to partnerships, education, empowerment, distribution and monitoring activities. BAN utilizes existing resources and infrastructure available with our partners to get the job done. Where health facilities exist, we provide drug therapies.



Brenda Scarlett and Nick Wolf-Brown, distributing bed nets in Bethany Village

We often piggy back disease intervention strategies onto other community health initiatives, such as child health days, HIV/AIDS and pre-natal clinics.



The need for BAN is directly related to the burden of malaria, and other leading killer diseases, such as pneumonia and diarrhea. These preventable and treatable diseases are taking lives needlessly and at an alarming rate. The prevalence of these diseases are directly linked to poverty, living conditions, and the lack of and accessibility to clean water, infrastructure and health

Emma, attending a malaria prevention education session in Kibali village

care resources.

In addition, while the main focus of BAN is the prevention of disease, the treatment of disease must also be carried out. As noted by Dr. Wafaa El-Sadr at the Non-Communicable Diseases Conference in 2011, “Finding the balance between prevention and treatment is very important...you have to do both.” Where capacity exists, anti-malaria medicines, antibiotics and rehydration salts are also provided to partner agencies in Uganda.



Samia Hirani, helping students, 2009

## Testimonials

*"In 2004, during my first trip to Uganda, I came across the body of a young boy who was in a malaria-induced convulsion. The situation was overwhelming and for the first time in my career as a Registered Nurse, I felt completely helpless in the face of a preventable and treatable disease.*

*In a subsequent trip, I met with Ugandan Ministry of Health officials and during those talks, the mandate and direction for Buy-a-Net became clear. Following many months of planning and development, the first bed net distribution occurred in the spring of 2006 in the village of Katoogo. As a member of the Alliance for Malaria Prevention, and a partner in the WHO Roll Back Malaria initiative, our malaria fighting efforts have intensified. In the last decade, malaria deaths have decreased by 38%, and in the last five years, we have saved 1.1 million children under 5 years old in Sub-Saharan Africa. We have made significant progress, but it's not enough. A child still dies every 45 seconds from this preventable and treatable disease. It is an undeniable tragedy.*



*The children of the world are our children. We all have a responsibility to take care of them. We live in a world without borders and disease knows no boundaries. We need to be careful.*

*I think of these children every day, particularly when I tuck my own into bed each night. It's at night when the children are most vulnerable; the infected mosquitoes bite primarily at night. That is why a bed net is the most effective and cost efficient way in which to protect the children. They can sleep under them and wake up free from malaria. If we stop the bite, we stop malaria. If we stop malaria, we help end poverty, and we give children more of a fighting chance to grow up and hopefully give back to their own community. As a Canadian citizen, I believe it is a basic human right for children to grow up."*



Debra Lefebvre, RN, MPA  
Founder

*"I have been volunteering in Uganda since 2005, and have been the Canadian Director of Ugandan Operations for Buy-a-Net Malaria Prevention Group since 2006. My enthusiasm and excitement for the work we do in combating malaria is rooted in the successes that I see every year when I return. To be able to visit the villages and towns where our program is in effect and talk with Ugandans who tell of the different life they have because they are not sick with malaria any more, is a privilege that I cherish.*

*There are so many stories from mothers who say that since these nets have come into their homes, their children are not falling sick. As a mother and a grandmother, to be a part of relieving this tremendous burden is difficult to describe.*



*The horrendous statistic that one child dies in Africa every 45 seconds from malaria is not just a statistic to me anymore, but my reality. The result of hanging a Buy-a-Net mosquito net in a home is instantaneous: that very night lives are saved. No waiting, stop the bite, stop malaria.*

*When I return each year to Uganda to renew relationships with Buy-a-Net's many partners in Government, rural and urban communities, clinics, hospitals and schools, I am humbled by the gratitude expressed for the work that we are privileged to share in their country. Overwhelmingly, we are making a difference.*

*It has been a great joy for me to share our work with the many volunteers who come to Uganda to witness and participate in our program. These are Canadian volunteers from different walks of life, from all across Canada who have heard about malaria and our program.*

*Without exception, all have described this as a life altering experience. I see them interact so generously and personally with people from a very different culture. They play with the children, talk with the mothers and fathers, distribute these nets, enjoy the wonderful spontaneous music and singing, and are comfortable going into homes to see how the nets are used.*

*Although the level of poverty is not something that most have ever encountered, and there are certainly sad situations, their reflections on these trips are of joy, appreciation of the indomitable spirit, warmth and happiness of the Ugandan people and the effectiveness of the Buy-a-Net Malaria Prevention Program.*

*My enthusiasm continues to grow each time I return to my friends in Uganda and see the results not only of malaria prevention, but of the promotion of good health seeking behaviors that are also outcomes of our program. "*

*Gail Fones*

Gail Fones, RN  
Canadian Director of Ugandan Operations

## Uganda & Malaria

Uganda has an estimated population of 32.7 million (2009), with the majority of population below the poverty line. Located in East Africa, Uganda is surrounded by mountains and valleys. Uganda's climate is drier and cooler than most lands near the equator.



Malaria is endemic throughout the country with 90% of the total population at risk, primarily in rural areas. Malaria is the leading cause of morbidity and mortality in Uganda. It is caused by the bite of an infected female Anopheles mosquito, which bites primarily at night while people sleep.



The burden of this disease in Africa is heaviest in Uganda. Children under 5 years of age and pregnant women are the most vulnerable. It is estimated that 320 people die each



day from malaria in Uganda. Statistics suggest that approximately 60% of all outpatient visits are malaria related, and nearly 40% of inpatient admissions are caused by malaria. This places a tremendous burden on the national health care system. Methods to control malaria include the proper use of long-lasting insecticide treated bed nets, indoor residual spraying, diagnostics, effective antimalarial medicines, and the development of a vaccine.

Not only does malaria inflict significant human tragedy, it is also a leading cause of poverty. Malaria costs African nations an estimated \$12 Billion each year in lost productivity, trade and tourism, and health care expenditures. Children cannot go to school, harvests remain on fields, heads of households cannot go to work, and absenteeism in the workplace hurts productivity. Malaria places families, communities and entire nations in a viscous cycle of poverty.

## **Ugandan Health System and Health Indicators**

Like most developing countries, health care in Uganda is limited and concentrates on infectious diseases that are virtually nonexistent in developed countries. Combined with the lack of the basic determinants of health, such as clean water, adequate housing and proper nutrition, the life expectancy is 51 years for women and 48 years for men (WHO, 2008).

The lack of basic primary health care such as “well baby checks” and immunization programs make illness and disease common, especially among children. The diseases responsible for the largest proportion of morbidity and mortality continue to be malaria, acute respiratory infections, HIV/AIDS, tuberculosis, malnutrition, maternal and prenatal conditions, cardiovascular conditions, and trauma/accidents (Uganda Ministry of Health, 2008).

The Ugandan Government attempts to provide free health care to all its citizens. However, the reality is it lacks sufficient resources to achieve this goal. Many Ugandans access health care when in crisis leading to an “episodic” care approach. That is, they seek health care only when they are sick. More emphasis is being placed on primary health care by the government, and recently (2010), village health teams were recognized as a part of the national health care system.

Most Ugandans seek care in local small neighborhood clinics where they can obtain health care and medicines in one place for a small cash fee. Ugandans, especially in rural areas, may seek health care from “local medicine men” who use traditional methods and medicines.

Uganda has made considerable strides in their health care sector over the past 15 years (Uganda Ministry of Health, 2008). Disease control programs continue to increase and community health care is more accepted. The largest teaching hospital, Mulago, is located in Kampala and houses many specialties, such as child malnutrition, cancer, TB, and other infectious diseases. The positive impact of these measures is evidenced by the fall in infant mortality rates and the rising utilization of services (Uganda Ministry of Health, 2008).

## **Preparing for the Experience:**

- **Passport:** A valid passport is required for entry into Uganda. Please make sure that your passport does not expire within six months of our date of departure.
- **Visa:** A single entry visa is required for entry into Uganda. The entry visa will be obtained at the Entebbe airport in Uganda upon arrival. You will need to present your passport, your vaccination record showing you have been immunized against Yellow Fever, and approximately \$50 US. Visas for Canadian citizens can also be obtained through the Ugandan Consulate in Ottawa for a fee.
- **Vaccinations:** You must have a vaccination for Yellow Fever prior to leaving Canada. No other vaccinations are required. However, recommended vaccinations may include: Polio, Tetanus, Typhoid Fever and Hepatitis A and B. We strongly suggest all travelers consult with either their physician or Travel Health Clinic for recommended vaccinations.
- **Medications:** It is strongly recommended that you take antimalarial medicine as a preventative measure. Consult your physician for his/her recommendation. Please remember that even popular over-the-counter medications (eg: Tylenol) are not easily obtained in Uganda, so bring along any medications you think you might need over the course of your visit.
- **Emergency Medical Insurance:** At a minimum, your insurance must provide coverage against personal accident, medical expenses, emergency repatriation and personal liability with minimum coverage of \$One Million CDN. Proof of purchase is **compulsory** for all volunteers with final payment of costs.

## **What to Bring:**

**ID:** You only need to bring your passport. It is recommended you also bring a photocopy of the first page of your passport.

**Registration:** If you are a registered health care provider and would like to deliver professional care within a health care setting, please bring valid and current Canadian registration.

**Money and Credit Cards:** A major credit card is recommended for emergencies, such as Visa. Travelers cheques are not accepted. A banking institution is the only location where cash advances can be made. For ease of exchange, please ensure you carry US currency (Canadian currency is usually declined). It is recommended that travelers carry approximately \$500 USD for a two week caravan for incidentals not covered in the excursion, tourist attractions, souvenirs, etc. However, this is just a guide; the amount travelers choose to bring is entirely at their discretion. It is recommended that currency notes be no older than 4 years and in \$100.00 denominations which offer the best exchange rate. For simplicity, currency will be exchanged upon arrival at either the airport or a foreign currency exchange outlet and a small fee can be expected.

**Luggage:** Travel arrangements will be arranged on your behalf, in consultation with you. Our travel company will contact you and advise the number of pieces of luggage allowed, including weight restrictions. We recommend a change of clothes be placed in your carry-on as luggage can be lost or arrive late.

**Dress:** As a general rule, dress should be modest and comfortable. It will be hot and humid. The weather is generally unpredictable so be prepared for rain at any time. There are two known rainy seasons which are March through May, and October to December. With the exception of church services, male volunteers wear shorts, comfortable slacks or jeans, t-shirts or light weight short sleeve shirts. Female volunteers wear comfortable slacks or pants, but no shorts or halter tops. If volunteers choose to attend a faith service, dress slacks for men/boys and dresses/skirts for women/girls are culturally appropriate. Tennis shoes/walking shoes/runners would be appropriate for in-country wear. We recommend you wear a separate pair of shoes for travel to and from Uganda, as those worn in Uganda generally become very soiled and very often are left behind.

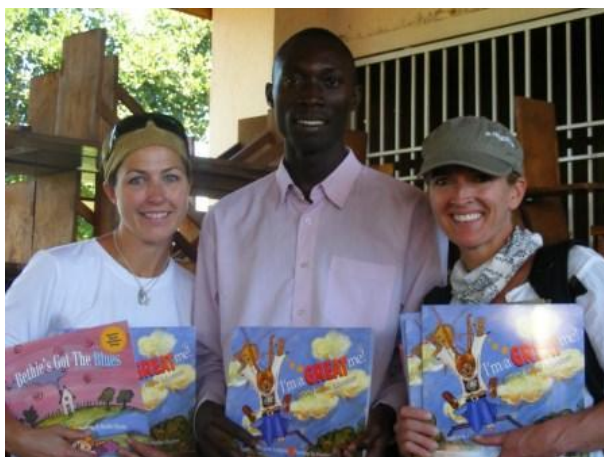
### Recommended Items to Bring:

- Compact umbrella
- Flashlight and replacement batteries
- Prescription medicines/toiletries
- Travel pillow
- Electrical outlet adaptor for hair dryers, etc. (Ugandan Voltage 240)
- Anti-diarrheal
- Antibiotic (prescribed by your doctor for potential of severe diarrhea or infections)
- Antimalarial medication
- Basic nose/ear/throat/pain relief medications
- Anti-nausea medication (gravol)
- Antihistamine for allergic reactions (Benadryl or Reactin)
- Camera and replacement batteries
- Sunscreen
- Anti-bacteria hand sanitizer
- Lip balm
- Facial tissue in small packets
- Insect repellent with DEET (20%)
- Soap for bath, Skin moisturizer
- Hydrocortisone cream (for itching bites and skin irritation)
- Ear plugs
- Small battery or solar powered reading lamp
- Calculator –pocket size for currency conversions
- Alarm clock –travel size
- Prescription glasses if you wear them ( and a copy of your prescription)
- Sunglasses ( 2 pair, in case one is lost)
- Spare pair of eyeglasses or contact lenses, and adequate cleansing solution if applicable
- Hat, visor or scarf
- Small backpack for day use
- Notepad for journaling
- Reading book(s)
- Snack food (nuts/trail mix/bars)

## Gifts for Children:

If you have room in your suitcase, it is fine to bring gifts. We suggest avoiding candy and gifts of great monetary value. Suggestions include school supplies, such as pencils and pens, small toys, such as balls, and children's' books.

Before giving anything to children, always check with the team leader. In the villages, more than one child may approach you and ask you to "sponsor" them or ask for money for school, etc. Children are well aware of the child sponsorship programs offered by many foreign aid organizations. If you feel compelled to help a particular child or situation, please bring it to a team leader's attention, and the best way to approach it will be explored.



Heather Haynes, (Illustrator, left) & Joanne Langlois (Author, right) with Deputy Principal of Bethany School, hand out copies of their book 2008

*"...We were introduced to so many aspects of Ugandan life in the two weeks we were there. I will be forever grateful to Gail Fones for allowing us to see how the children lived, and what the schools they attended were like -so unbelievably poor. However, the spirit of the people did not reflect their surroundings. They have a magic about them that is beyond our level of consciousness. This is the gift I brought home with me..."* – **Heather Haynes, International Artist**

*"...I knew little about what was in store for us. The one thing I did know was that this adventure would change our lives and, at the very least, allow us to feel a new appreciation for our extremely comfortable lives in Canada. The adventure did not disappoint.... – it is one thing to know this intellectually...but it is quite another to look into the faces of those who show up for the two-day long registration, education and distribution, strike up conversations with them and their children and be embraced by the warmth of their spirit. These people are real. This situation is dire. ...As hard as it was at times to face these and other harsh realities of everyday life in Uganda, I would not trade the experience for anything... I am deeply indebted to Debra Lefebvre and Gail Fones and all of the Buy-A-Net Uganda team for allowing us to be a part of something so important."* - **Joanne Langlois, Author, Buy-a-Net Board Director**

## More Things to Know:

**Weather:** The temperature is usually in the low 30's C with high humidity, cooling off in the evenings. There is also heavy rainfall during the rainy seasons in March through May and October through December. The weather is unpredictable at best and rain can come any time during the year.

**Security:** As is the case in traveling to any foreign country, there is a need to be aware of the possible security risks. When traveling through the city and villages, be mindful of petty theft such as pick-pockets. There are some basic common sense things to do to maximize your security:

- Avoid breaking away from the group and never go anywhere alone. Always have someone with you and communicate to others where you are going.
- Simple things such as keeping your camera out-of-sight, avoiding flamboyant/expensive looking dress, wearing jewelry, etc., are some suggestions to avoid standing out in the crowd and becoming a target.

**Power Outages:** Power outages are quite frequent in Uganda. It is normal to have electricity only every other day so be prepared and carry a flashlight with extra batteries.

**Communication:** E-mail is the main form of communication and there are internet outlets available in Kampala, as well as in our office. Internet service is available at our guest house for a fee. The team leader also has a mobile phone.



**Accommodation:** Accommodation is provided in our comfortable and secure Guest House.

**Food:** You will experience Ugandan culture, including the food. Matooke and Ugali are served with almost all meals. Matooke is mashed plantains. Ugali is a type of corn bread. Western meals are also available. The team will dine out on occasion.

**Bottled Water:** Bottled water will be provided daily. It is recommended that participants drink only bottled water. Bottled water is used to brush teeth, as well.

**Transportation:** We may use all modes of transportation in-country (public and private). BAN does have a private vehicle with driver available. Transportation costs are included to and from villages, the airport, and other scheduled activities.



## In-Country:



Uganda is home to many different ethnic groups, none of whom forms a majority of the population. Approximately forty different languages are regularly and currently in use in the country. English became the official language of Uganda following Independence. Ugandan English has a local flavour. The most widely locally spoken

language in Uganda is Luganda.

**You may find the following Lugandan phrases helpful during your trip:**

- **Hi:** Ki kati [ki pronounced Chi]
- **Good Morning:** Wasuze otya nno
- **Good afternoon or Good Evening:** Osiibye otya nno
- **How are you?:** Oli Otya
- **I am ok:** Gyendi ["G" pronounced like a "J"]
- **Have nice day:** Siiba bulungi ["G" pronounced like a "J"]
- **Saying goodbye to one person:** Weeraba
- **Saying goodbye to more than one Person:** Mweraba
- **Please:** Mwattu
- **OK:** Kale
- **I love you:** Nkwagala
- **Madam:** Nyabo
- **Sir:** Ssebo
- **Do you speak English?:** Omanyi olungereza
- **Pardon me, what did you say?:** Wangi or Ogamby Ki?
- **How much is it?:** Mmekka Ssente?
- **I do not have any money:** Sirina Sente
- **I am:** Nze (your name)
- **Thank you:** Weebale
- **No thanks:** Nedd

## Costs:

\$4,000 (Canadian Dollars) all-inclusive "Voluntour" includes:

- Two week round trip.
- 100% return air travel from Toronto, Ontario, Canada, to Entebbe, Uganda.
- 100% program coordination including in-country living expenses with secure guest house *accommodations, food, and transportation.*
- Pre-departure manual and assistance.
- Cultural orientation and preparation pre-departure.
- Airport reception.
- Program orientation in-country.
- Full-time in-country support staff.
- **A charitable donation receipt will be issued for the full cost.**



90 days prior to departure date, deposit and signed waiver due.

- Deposit and signed waiver due. \$100 deposit & signed waiver are required upon application.

Once letter of acceptance is received, balance due.

- Payment is non-refundable after final selection and applicant's acceptance at 90 days prior to departure.
- 100% of balance due within the 10 day period after final selection/acceptance in writing is received.
- No refunds will be issued after the 10 day period unless BAN cancels trip due to unforeseen circumstances.
- Proof of Emergency Medical Insurance is required at time of final payment.

Additional Costs:

Additional personal expenditures such as tourist attractions, white water rafting, safaris, souvenirs and alcoholic beverages are over and above the caravan rate.



Zebras found on safari in Uganda

Conversion rates (at time of printing)

\$1.00 US dollars =2,800 USh
\$10.00 US dollars=28000 USh
\$20.00 US dollars =56000 USh
\$50.00 US dollars=1400000 USh
\$100.00 US dollars=280000 USh



Program costs are accurate at time of printing and subject to change. Final cost is determined 90 days prior to departure due to any volatility affecting currency rate, fuel costs, etc., which are beyond Buy-a-Net's control. For more information about the Buy-a-Net "Voluntour" experience, please contact: Gail Fones, Canadian Director of Ugandan Operations, 1(613)542-1264 or e-mail at [gail@buyanet.ca](mailto:gail@buyanet.ca).



**Buy-a-Net  
Malaria Prevention Group**

“saving lives from leading killer diseases of women and children (especially malaria), one village at a time”

**CONSENT AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_ hereby acknowledge that it is my desire to participate as a volunteer in a caravan outside Canada with Buy-a-Net Malaria Prevention Group, herein referred to as Buy-a-Net, and activities related to this caravan, including activities on and away from Buy-a-Net premises, as well as transportation to and/or from such activities.

**I AM VOLUNTARILY PARTICIPATING IN THIS CARAVAN AS A VOLUNTEER, INCLUDING TRANSPORTATION TO AND FROM SUCH TRIP, WITH KNOWLEDGE OF THE POTENTIAL DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE OR LOSS OF PERSONAL ITEMS AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.**

As lawful consideration for permitting me to participate in the volunteer caravan, including the transportation to and from such activities, I hereby release and discharge Buy-a-net, its officers, employees, and board members from all actions, claims or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such organization, officers, employees, agents and board members before or during my participation in such activities on and/or away from Buy-a-Net premises, including transportation to and from such activities, on and/or away from the Buy-a-Net premises, including transportation to and from such activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.**

This Consent and Release from Liability shall remain effective for the duration of the caravan until revoked in writing and delivered to any officers or agent of Buy-a-Net Malaria Prevention Group.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, at

\_\_\_\_\_ :

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Witness**