



PACIFIC YACHT MINISTRIES

Risk Awareness Form

All volunteers must return this completed three-part document to the PYM Volunteers Coordinator no later than four weeks prior to departure.

Part 1

I declare that I have read the PYM Orientation Information and have discussed any concerns I might have with the PYM Volunteers Coordinator.

Part 2

I understand that I am responsible for ensuring my own travel insurance that covers travel on a non-commercial yacht.

My travel insurance policy number is _____
with the following company name _____

Part 3

I am aware that while PYM will do everything possible to ensure a safe and pleasant tour of duty for all volunteers, there will always remain an element of risk in any of the operations that PYM carries out. This is due to:

- the isolation and remoteness of the regions in which PYM operates
- the basic nature, and sometimes complete lack of, government health services in the areas that PYM operates
- the need to use yachts as a means of travel to the remote areas that would otherwise be unreachable
- exposure to the unpredictable and uncontrollable elements

These risks help create the situation of the lack of health services which PYM helps address!

I _____ (full name) hereby declare that I have read and understand the above stated risks of volunteering with PYM.

Signature: _____ Date: _____

Please return to the PYM Volunteers Coordinator