

# Nyaka AIDS Orphans Project Visitor Waiver

Please print off, read, sign the hard copy, and send directly to our Ugandan Office.

**Attn: Shabnam Olinga**

The Nyaka AIDS Foundation

P.O. Box 12540

Kampala, UGANDA, East Africa

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*I, \_\_\_\_\_, promise that he/she for himself/herself, his/her heirs, executors and assigns, agrees to release and hold harmless NAOP, its agents and employees, for all harm, accidents, personal injury or property damage suffered by him/her or the volunteer applicant as a result of the volunteer applicant taking part in the aforementioned program activities.*

VISITOR NAME (PRINT): \_\_\_\_\_

LEGAL GUARDIAN NAME: \_\_\_\_\_

(if volunteer applicant is under 18 years of age)

VISITOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I have read this manual and understand the outlined policies and procedures for Nyaka AIDS Orphans Project. I agree to adhere to all Nyaka policies and procedures. I understand that if I do not follow these policies and procedures, that I am at risk for dismissal from the Nyaka Visitor Program.*

VISITOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I hereby certify that I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child. I authorize NAOP to obtain my criminal records.*

VISITOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_