



HASHOMER HATZAIR SOLIDARITY OF NATIONS - ACHVAT AMIM JUSTICE FELLOWSHIP

WAIVER AND PARTICIPANT CODE OF CONDUCT

This Contract is provided by the participant named below in connection with participation by such project managed by Hashomer Hatzair -Solidarity of Nations - Achvat Amim (hereby referred to as “HH-AA”). The Justice Fellowship begins on March 10th 2023 and ends on June 6th 2023. A participant who is qualified and accepted as a member of the Solidarity of Nations - Achvat Amim group must read and comply with the following terms:

PARTICIPANT NAME:

DATES OF PROGRAM:

1. PERSONAL:

- i. I hereby agree to be a full and active member of the HH-AA team. I understand that this program centers the group experience and I will be asked to step outside of my comfort zone. Knowing this, I promise to contribute equally to group discussions and activities.
- ii. I agree to respect my program coordinators, educators and staff and fellow participants even when I may disagree or be upset with them.
- iii. I promise to assist my Program Coordinators when requested.

2. PERSONAL BEHAVIOR:

- i. I understand that I must follow the laws and regulations of the country I am in during the program.
- ii. I agree to comply with all legal protocols related to COVID-19 and to adhere to health guidelines established by the Program Coordinators for the benefit of all the participants.

INITIAL HERE: _____

3. TRAVEL RISK AND HEALTH:

- i. I acknowledge that HH-AA activities, including, but not limited to, air, bus, boat and car travel, swimming, camping, hiking and other outdoor precarious activities, are subject to certain hazards; and further that I am voluntarily participating in HH-AA programs and understand the dangers and risks involved. I hereby agree to accept any and all responsibilities associated with participation. And I further release HH-AA and its related organizations from all liability arising from participation in this program
- ii. I understand that HH-AA travels to regions that may hazard certain risks. I am fully aware of the risks involved in the places to which we will travel to and accept any and all responsibilities associated with participation. In this regard, I hereby release HH-AA and its related organizations from all liability arising from this aspect of the program.
- iii. I hereby declare that I have private health insurance, and am aware that the program does not cover my health insurance. When traveling with HH-AA during HH-AA activities, it is my responsibility to make sure I am covered by my health insurance provider.
- iv. I hereby declare that I am under the responsibility of HH-AA only during the scheduled programs times, which amounts to 5-7 hours a week alternating weekly. I understand that schedule dates are subject to change. At all other times, including volunteering with HH-AA partner organizations, HH-AA is not responsible for participants.

4. AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS

- i. I do permit and authorize HH-AA and its employees, agents, and personnel who are acting on behalf of HH-AA to use my image or other likeness for purposes related to the business of HH-AA, including publicity, marketing, and promotion of HH-AA without compensation to me.
- ii. I understand my image or likeness and voice may be copied and distributed by means of various media, including video presentations, simultaneous television, rebroadcast, radio distribution or retransmission, news bulletin, mail outs, billboards or signs, brochures, placement on HH-AA's website, other electronic delivery, or publications.
- iii. I acknowledge that HH-AA has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of any image, voice or performance in accordance with this agreement. I waive any right to inspect or approve the finished product, or any material in which HH-AA may eventually use the photographs.
- iv. I relinquish and give HH-AA all rights, title, and interests in and to the photographs, including any copyright therein. This consent and release shall be binding upon my heirs, successors, assigns, and legal representations.
- v. I understand that, although HH-AA will endeavor to use my image or likeness in accordance with standards of good judgment, HH-AA cannot guarantee that any further



www.achvatamim.org

Hashomer Hatzair World Movement

dissemination of my image or likeness will be subject to HH-AA's supervision or control. I release HH-AA from any and all liability related to dissemination of my image or likeness, reproduction, distribution, and display of the photographs in any media, and any alteration, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness, based on this authorization.

By signing below, I acknowledge that I fully understand and agree with the conditions and restrictions set forth above. I certify that no representations or warranties regarding the project have been made to me or relied upon by me in connection with my execution of this Release and Waiver of Liability. Finally, I represent that I alone am assuming all of the risks associated with my participation in the Project.

I hereby release, discharge and hold harmless Achvat Amim and Hashomer Hatzair, their Board of Directors, officers, employees, volunteers, agents and insurers, and any and all cooperating institutions and their officers, agents, employees and insurers (collectively, the "**Released Parties**") of and from any and all claims, causes of action and rights to compensation that may arise or relate to (1) damage to or loss of property sustained by me during my participation in the Project, (2) medical or hospital care, personal illness or injury, or death sustained by me during my participation in the Program, or (3) any act or omission of the Released Parties before, during or after the Project is completed (except for intentional misconduct). I intentionally and knowingly waive any and all such claims that I may have against the Released Parties, and I reserve only and do not waive or release claims for intentional misconduct. This Contract, Release and Waiver of Liability shall be binding and enforceable against me and my heirs, personal representatives, successors and assigns with respect to my participation in the project, and this Release and Waiver of Liability shall be governed by the laws of the State of Israel.

HH-AA agrees that if all the above conditions are met, HH-AA will provide the participant with all the benefits associated with this program.

I HEREBY CERTIFY THAT I HAVE FULLY READ AND UNDERSTAND THE FOREGOING AGREEMENT AND SIGN IT VOLUNTARILY.

Participant's name: _____

Age: _____

Phone: _____

Permanent Address: _____

Emergency Contact #1: _____

Relationship: _____

INITIAL HERE: _____



www.achvatamim.org

Hashomer Hatzair World Movement

Phone: _____

Email: _____

Health Insurance Information:

Participant's signature: _____

Date: _____

INITIAL HERE: _____