



# FIELDS OF GROWTH

I N T E R N A T I O N A L

**Dear Athlete Volunteer Corps Participants:**

**Please review the three attached policies and waivers that need to be signed and returned prior to your participation in our programs.**

**We prefer that you scan and email these documents to [avc@fieldsofgrowth.org](mailto:avc@fieldsofgrowth.org) – you could also mail them to: Fields of Growth, PO Box 2, Avon-by-the-Sea, NJ 07717**

**Enclosed you will find:**

- 1. Social Behavior Policy**
- 2. Waiver of Liability**
- 3. Statement of Responsibility**

**Sincere thanks,**

A handwritten signature in black ink that reads "Kevin Dugan". The signature is written in a cursive, flowing style.

**Kevin Dugan  
Founder & Director  
Fields of Growth Intl.  
[www.fieldsofgrowth.org](http://www.fieldsofgrowth.org)**

**Fields of Growth  
Social Behavior Policy**

In my voluntary participation in a Fields of Growth (FoG) program I commit, for my own safety and out of respect for others, to comply with the FoG media, drug, alcohol and sexual purity policy. If I break this policy I accept the consequences that I could be immediately deported at my own expense.

1. I will follow the Fields of Growth multi-media guidelines, which are intended to ensure the dignity of the local people, while also ensuring that I stay present to my experience. Included in the policy are:
  - a. I will not photograph people from the van.
  - b. I will not seek to take pictures of poverty alone, but rather seek to take pictures that celebrate that great human potential of those I interact with.
  - c. I will not take pictures of people without permission or having a minimal interaction with them (I will not walk by people and just take pictures of them.)
  - d. I will abide by my travel guide's limitations on how many people can have a camera each day.
  
2. I am not permitted to consume alcohol.
  
3. I am not permitted to consume drugs of any kind other than medication prescribed to me by a Doctor. (Please note that police are very harsh on tourists and international visitors when they are caught with drugs. You will risk deportation and forced to pay extremely high fines.)
  
4. I am not permitted to engage in any kind of sexual activity including kissing or intimate touching throughout the experience.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

For volunteers under the age of 18:

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Parent/Guardian Name Printed)

**WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, am a participant with Fields of Growth International (“FoG”). I have agreed to participate in an International Program in Jamaica. I am not required to participate in the Program. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge FoG and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney’s fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, any related or independent travel, any activities or field trips (e.g., club activities or sports) irrespective of whether they are sponsored, supervised or controlled by FoG in any manner.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless FoG and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney’s fees, which arise out of, occur during, or are in any way connected with my participation in the Program, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by FoG.

3) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of New Jersey, U.S.A.; and I hereby consent, irrevocably, to the exclusive jurisdiction and venue of the State courts located in Monmouth County, New Jersey with respect to any dispute arising out of, related to or occurring during or in connection with the Program, this document or any accident, injury, damage or travel incident to the Program. I agree that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature Name Printed

For volunteers under the age of 18:

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Parent/Guardian Name Printed)

**STATEMENT OF RESPONSIBILITY, RELEASE AND AGREEMENT TO PARTICIPATE IN AN  
INTERNATIONAL PROGRAM WITH FIELDS OF GROWTH INTERNATIONAL**

I, \_\_\_\_\_, am a participant with Fields of Growth International ("FoG"). I have agreed to participate in an International Program. I am not required to participate in the Program. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1) I hereby represent and warrant that I am and will be covered throughout the Program and all periods of travel associated therewith by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience abroad, including without limitation mental illnesses or psychological conditions I experience abroad, whether in the country in which I will be living or traveling while on the Program or elsewhere. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover me while outside the United States; and that my coverage includes medical evacuation and repatriation of remains coverage with adequate limits appropriate to my destination. I hereby absolve FoG of all responsibility and liability for any injuries (including death), illnesses, claims, damages, charges, bills and/or expenses I incur while I am abroad. I agree to report to FoG any physical or mental condition I have that may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.

2) I understand that FoG reserves the right to make changes to the Program itinerary or to cancel all or part of the Program at any time and for any reason, with or without notice, and FoG shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. If all or part of the Program is cancelled, prevented or rendered impossible or unfeasible by any act or regulation of any public authority, or by reason of riot, strike, act of God, epidemic, war, civil unrest, terrorism or declaration of disaster by federal, state, or foreign government and the Program is cancelled (in whole or in part), it is understood and agreed that there shall be no claim for damages by me or on my behalf and FoG's obligations as to the Program shall be deemed waived by me. FoG is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether FoG makes a flight arrangement. Any additional expense resulting from the above will be paid by me.

3) I understand and acknowledge that FoG assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of FoG, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, meals, transportation, or other service or for any substitution of hotels or of common carriers beyond FoG's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, FoG will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident thereto. The right is reserved by FoG, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in FoG's sole discretion, to require that all participants return to the United States if FoG determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

4) FoG reserves the right, in its sole discretion, to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of FoG, which I hereby agree shall apply to my conduct while I am abroad; I understand that I may be required to leave the Program in the sole discretion of FoG. I understand and hereby agree that FoG, in its sole discretion, shall have the right to refuse to allow me to participate or continue in any course, activity or event it designates while I am abroad. In such an event, I agree to comply with FoG directive and, upon receipt of notice from FoG, to refrain from participation (or further participation) therein.

5) I hereby consent to allow FoG or its employees, agents, representatives or designees to consent to the rendering of emergency medical treatment to me if I am unable to render such consent myself. This consent is not intended by me to create a 'special relationship' between FoG and me, and I, individually and on behalf of my heirs, successors, personal representatives and assigns hereby release FoG and its officers, trustees, employees, agents, affiliates and representatives from all liability for any injury or damage I sustain in the course of, or as a result of, any medical treatment decision(s), medical care, or medical treatment I receive (or fail to receive) in the country or countries in which I will be living or traveling, including but not limited to any claims, demands, costs, expenses, actions, judgments or damages sounding in tort, contract or otherwise (e.g., medical malpractice actions, actions relating to treatment that is not in accordance with U.S. or international health or medical standards and medical treatment decision or recommendation made (or not made) by an employee, agent or representative of FoG). I understand and acknowledge that in the event of a medical emergency, which shall be defined by FoG in its sole discretion, my emergency contact person and/or my parent(s) may be notified of the emergency and any relevant circumstances leading up to the emergency situation.

6) I understand and hereby acknowledge that I have reviewed the U.S. State Department Consular Information concerning travel to, in and around the country in which I will be traveling and that I am aware of and understand the risks and dangers of travel to, in and around this country. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks, which could arise out of or occur during my travel to, from, in or around this country.

7) I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name Printed)

For volunteers under the age of 18:

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature) (Parent/Guardian Name Printed)