



FFIPP USA: Educational Network for Human Rights in Palestine/Israel

FFIPP Summer Internship Liability Waiver and Agreement

Participant's Name _____

Liability Waiver:

1. I am a participant in the FFIPP Summer 2017 Internship program.
2. I have voluntarily enrolled in the FFIPP Summer 2017 Internship program. I understand that travel to a conflict region, such as Palestine/Israel is dangerous and may result in changes of plans, or unexpected delays.
3. I understand that I am subject to the laws of the countries we are visiting (Israel and Palestinian Authorities in the West Bank), including laws concerning entry and exit, and that FFIPP-I, FFIPP-USA, FFIPP-Brazil, and FFIPP-Europe cannot be held accountable for the actions of these governments or their representatives.
4. I am aware that the use of transportation, housing, food, and other goods and services or activities about participation in the internship program carries a risk of personal injury and property damage or loss.
5. I release and discharge the organizers of the FFIPP Internship program, including its leaders and volunteers, and legal representatives, of any liability for injury, damage or loss arising out of the arrangements or provision of transportation, housing, food, and any other services or goods during or about the FFIPP Internship program.

Print Name: _____

Signature: _____

Date: _____



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FFIPP Summer Internship Agreement:

1. I agree to behave with respect for the cultural norms in Palestine/Israel during the entire internship program.
2. I agree to be respectful of my fellow interns and with individuals that I will work with.
3. I agree to accept and respect the authority of the internship coordinators and leaders during my participation in the internship program.
4. I agree to do the internship at any organization affiliated with FFIPP.
5. I accept that my behavior at all times during the internship program must be nonviolent, both physically and verbally, and consistent with local laws.
6. I agree to avoid any political activity, such as join a demonstration, or participate in a civil disobedience act during the internship program.
7. I understand that the internship director has full authority to remove me from the program if my presence is deemed harmful to the internship program, the organization with whom we work, or for any other reason.

Print Name: _____

Signed: _____

Date: _____

Please complete this form and send to us by email/mail or fax it to:
FFIPP, PO Box 2091, Amherst, MA 01004, Email: info@ffipp.org.