



COVID-19 Risk Acknowledgment & Waiver

International travel is an essential part of engaging staff and donors to support the mission of Food for the Hungry(FH). FH invites partners, when beneficial, to visit international partner communities to connect and form meaningful relationships with the community members and country staff. This allows them to see first-hand the community's journey to thriving, and for FH staff to collaborate with and evaluate international operations.

FH values the health and safety of its partners, staff, local and international partners. As we find ourselves in the midst of a global pandemic, we have needed to make some adjustments to our travel guidelines. International travel is an optional element for individuals who are invited to visit our international projects.

FH has chosen to follow industry standards and the recommendations of the [Government of the Country being visited](#) to guide our travel requirements. The current standards regarding in-country quarantine differ for vaccinated and unvaccinated travelers. The complexity required in scheduling trips cannot allow for differentiating quarantine schedules and COVID requirements.

Purpose

This document supplements, but does not replace, the Disclosure of Risk and Agreement Waiver for all non-employees "Guests" traveling with FH, and provides you with safety and security information that will allow you to make an informed decision about whether to engage in such travel and/or work.

Foreseeable Risks, including Covid-19 Related Risks

The COVID-19 pandemic affects all countries. The disease will vary by location and could overwhelm health care systems limiting access to necessary health care. As the pandemic persists and the economy declines, the likelihood of increased public disorder, targeted crime, and reduced freedom of movement may ensue.



Individual Risk & Exposure

If I am sick or have underlying health conditions, I will be at even greater risk if I travel. I may face delays or not be able to travel home to care for loved ones who may become sick or need help during the pandemic. I will determine my personal level of risk, including whether I may be defined as high risk (compromised immune system, of older age, people with asthma, lung or heart disease), or caring for an [individual that is high-risk](#).

Travel

Traveling domestically and internationally increases my exposure to COVID-19 as I travel among thousands to millions of other travelers. Some locations where I may encounter exposure to COVID-19 include but are not limited to: public transportation, screening sections, handrails, elevators, trains, on the airplane, shopping, restaurants, hotels, etc.

Airspace & Travel

Travel into or out of a country may not be possible, safe, or medically advisable. FH cannot guarantee entry or exit to a country. Governments may impose public health measures that restrict domestic and international travel, close borders, and/or prohibit non-citizens from entry with little advance notice. If this occurs, I may be forced to remain outside of the United States, my home country for an indefinite period of time. This may prohibit your ability to leave quickly in the event of a personal or family emergency.

COVID-19 Screening, Testing, and Travel

When traveling I will most likely be screened for COVID-19 symptoms. I may be required by airlines, immigration authorities or governments to submit to a COVID-19 PCR test prior to departure and upon arrival even if I have a valid COVID-19 PCR certificate when I arrive. Being fully vaccinated (as per your home country's designation) does not exempt you from the aforementioned COVID-19 testing. FH does not cover the cost of testing. I agree to adhere to the guidelines and recommendations set out by the airlines and host authorities or governments. This includes but is not limited to:

- Wearing designated PPE
- Physical distancing when possible



Restrictions

Governments may restrict domestic and international movement and mobility or personal freedoms in an effort to control COVID-19. I may be subject to community or nation-wide quarantines and curfews. I am obligated to follow these requirements. Failure to comply may result in a fine or jail time. It is my responsibility to know what these restrictions are and to comply. It is FH's responsibility to provide a quarantine plan in the case that I test positive for Covid-19 before leaving the country and need to stay. **It is my responsibility to pay for the extra time in country.** FH travel insurance plan covers up to \$2000 in quarantine expenses, these are reimbursed when you are back in the US and through working with your team rep and our travel agency. I understand that it is my responsibility to research and understand the restrictions and rules of the country in which I am traveling to.

Quarantine

I may be subject to self-quarantine or government quarantine when I arrive in a country, even if I exhibit no symptoms. I may be subject to a quarantine if I arrive in a country (or State/Province) with a fever or other COVID-19 symptoms. I may be subject to quarantine if a passenger traveling on the same airplane as me tests positive for COVID-19. Quarantine lengths vary depending on the country and can range from 24 hours to 21 days.

I have read and understand the United States [quarantine standards](#) based on my vaccination status.

Medical Recommendations

FH recommends that you seek the advice of your medical professional prior to travel for guidance on in-country vaccine and medication recommendations. I have been advised to consult with a medical doctor with regard to my personal medical needs. I acknowledge and assume the responsibility for obtaining all required travel medical advice, and/or medications from a healthcare professional or travel doctor prior to engaging in any travel on behalf of FH.

Medical Care Capabilities

COVID-19 tests may be in short supply or not available. Access to adequate medical tests, medicines, treatments, facilities, and health providers may be limited and/or not available to treat individuals who are not showing possible symptoms of COVID-19. Non-COVID-19 treatment may be reduced or not available depending on the capacity of the health care facility.



Evacuations

Due to possible government restrictions, medical and security evacuations, even for non-COVID-19 emergencies, may be restricted or unavailable in travel locations. This includes a possible delayed response time (even by days) and even in some cases, the inability to respond. Travel and exposure history may restrict the potential destinations for evacuation, and/or may impose additional requirements from the health authorities of the country to which the patient is being evacuated (e.g. granting of overflight and landing permission by countries that the aircraft carrying the patient needs to overfly or land in to refuel enroute to the final destination). Strict public health regulations may be enforced, and countries retain the right of refusal for such medical transport flights. The United States government or other governments may not be able to assist me in returning home, providing supplies or medical treatment during the pandemic; other countries will likely be similarly constrained in assisting their citizens abroad. Evacuation companies will address each request for assistance on a case by case basis.

Program Activities

Government orders, or FH may terminate, suspend, or adjust activities in FH Program(s) in response to the pandemic.

FH Office and Community Procedures

FH offices, vehicles, and Program(s) may require me to wear a face covering. It is my responsibility to provide my own protection supplies including appropriate personal protection equipment (PPE) and hygiene supplies.

Other Risks

Other risks are described in the following links: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/>, and <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

I understand that FH is committed to meeting its legal obligation to protect and care for people working on FH projects. FH believes that delivering hope will be life-giving to the communities. Each FH Guest matters and the talents and gifts they bring to FH are valued and needed. FH cares for the safety of its guests, staff, and beneficiaries.



Education About Risks/Informed Consent

I have been briefed, or been provided the opportunity for a briefing, to have a discussion with FH staff, consultants and/or counselors about the risks listed above. I have considered whether these risks are beyond my acceptable level of risk, considering my personal, household, and familial health risks. My decision to travel is voluntary and informed.

I understand that I am free to decline to perform services in any travel location for FH at any time, especially if I feel my life or personal security is at risk. I assume personal responsibility for my choice to travel to or work in a particular location.

If I am uncomfortable with the risk now or anytime I am in the host country, I will bring it to the attention of my host leader or the Country Director.

Insurance, Medical Treatment, and Health

In the event of an accident or illness requiring medical attention, I authorize FH and its agents to seek emergency or first aid assistance for me and to release medical information and incident reports to insurance companies and other persons or authorities deemed appropriate by FH. I understand that I have the right to make my own medical decisions. I have been advised to consult with a medical doctor with regard to my personal medical needs. I acknowledge and assume the responsibility for obtaining all required travel medical advice, and/or medications from a healthcare professional or travel doctor prior to engaging in any travel on behalf of FH. I have reviewed information about recommended and required immunizations, if any, and have obtained any required vaccinations/immunizations. I represent that I do not have any health-related reasons or problems that preclude or restrict my participation in FH Program(s). I further agree to notify FH of any relevant changes to my status.

Waiver

In consideration for being allowed to participate in the Trip, I agree to assume all risks to my health, including any injury or death that may result from such participation, except those that may be caused by the gross negligence or intentional acts of FH. I hereby release FH and all of its affiliates, directors, officers, employees and representatives from any liability to me, my estate, and assigns for any and all claims for loss of or damage to my property, and for any and all illness or injury to my person, including my death, that may result from my participation, except those caused by the gross negligence or intentional acts of FH.



FOOD FOR THE HUNGRY

I have read all pages of this COVID-19 Risk Acknowledgment and Waiver document and any supplemental documents, and agree to ask questions or share any concerns I have with Food for the Hungry.

By signing below, I freely and voluntarily, without duress express my understanding of the risks listed above and my intent to willingly and voluntarily assume those risks while participating in the Trip and agree to the terms of this Covid-19 Risk Acknowledgement and Waiver.

Name (Please Print): _____

Signature: _____ Date: _____

Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement

I, _____, for and in consideration of Food for the Hungry, Inc. (“FH”) allowing me to participate in a team trip (the “Team Trip”), hereby acknowledge and agree as follows:

1. Waiver and Release. I, on behalf of myself and my heirs, executors, personal representatives, estate, insurers, successors and assigns, to the fullest extent allowed by law, hereby knowingly, freely, voluntarily and unconditionally forever waive, release, discharge and covenant to hold harmless FH and its directors, officers, agents, employees, volunteers, successors and/or assigns, or other person associated with or acting on behalf of FH (collectively, the “FH Parties”) for, from and against any and all liability, damages (including direct, actual, consequential, indirect, special, exemplary, incidental or punitive damages), claims, causes of action, and demands at law or in equity that may accrue to me, whether based on tort, contract, warranty, or any other theory of recovery (collectively, “Claims”), for property damage (whether foreseen or unforeseen or whether resulting from negligence or otherwise), death, bodily injury loss, including, but not limited to the contraction of any endemic disease, costs damage, or exposure for any act or omission on the part of a third party or on the part of FH or any of its officers, agents, or employees (collectively, “Injuries”) in any way related to, arising out of or incurred in connection with my participation in the Team Trip.

2. Indemnity. I hereby agree to indemnify, defend, and hold harmless FH Parties from and against any Claims for Injuries that may be brought against FH Parties by any person or party arising out of my participation in the Team Trip, whether for Injuries I suffered or Injuries any other person claims to have suffered as a result of my participation in the Team Trip.

3. Assumption of Risk. There is inherent risk associated with any type of international travel. Food for the Hungry recommends that you utilize the U.S. State Department's website (<http://www.travel.state.gov>) to keep informed of situations in the country in which you are intended to serve. By signing this waiver, you acknowledge that you have been made aware of this informational resource.

- a) I understand that any travel, volunteer work, or other activities I undertake in connection with Food for the Hungry, Inc., Food for the Hungry Association, partnering agencies, organizations, or individuals (hereinafter, collectively referred to as "Food for the Hungry") involves inherent risk on my property, health, and life and I further understand the nature of such risks.
- b) I have been and am informed by this document that any travel, volunteer work, or other activities I undertake in connection with Food for the Hungry presents inherent and unavoidable risks, both foreseen and unforeseen, which may include but are not limited to loss of property, accident, injury, disease, illness, physical and mental harm, crime, political instability, religious intolerance or hostility, government opposition to project activities and death, which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence, and political conflict including civil war, war and terrorism.
- c) I hereby knowingly, voluntarily, and freely assume all risks in connection with my participation in the Team Trip and hereby acknowledge and agree that I am participating in the Team Trip voluntarily and at my own risk. I have made a specific determination that I am healthy enough and have the requisite physical ability to participate in the Team Trip. I hereby agree and acknowledge that no FH Parties have made any representations or warranties to me, expressed or implied, regarding the status of my health or physical ability as it may relate to my participation in the Team Trip.
- d) I hereby agree and acknowledge that no FH Parties have made any representations or warranties to me, expressed or implied, regarding the status of my health or physical ability as it may relate to my participation in the Team Trip.
- e) I hereby agree and acknowledge that no FH Parties have made any representation or warranty to me, express or implied, concerning the safety of the Team Trip and the existence and nature of the risks involved.

4. General.

- a. The undersigned recognizes and acknowledges that Food for the Hungry, Inc. and Food for the Hungry Association are charitable, non-profit corporations engaged in human services and relief activities.
- b. I understand and agree that this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement is intended to be as broad and inclusive as permitted by the laws of Arizona.
- c. I agree that if any provision of this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement is determined to be ineffective or invalid, this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement shall be ineffective or invalid only to the extent of such provision, and the remaining provisions of this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement shall remain valid and in full force and effect to the fullest extent permitted by law.
- d. This Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement shall be construed in accordance with the laws of Arizona, without regards to its choice of law principles. The Parties to exclusive jurisdiction and venue in the federal and state courts sitting in Maricopa County, Arizona. I have carefully read this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement, fully understand, and agree with its contents, and understand that I am giving up substantial rights my signing it.
- e. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed. I understand that every reasonable effort will be made to contact my family before these actions are taken.
- f. I understand that this agreement is contractual and binding upon me.
- g. I hereby execute this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement freely and voluntarily and without any compulsion to do so. In executing this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement, I have not relied on any statement made by any FH Parties.

5. Survival. The provisions contained within this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement shall survive the conclusion of the Team Trip.

If I am signing this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement as a parent or legal guardian of the above-named Participant, I hereby represent and warrant that I am the parent or legal guardian of the participant described in this document, and that in such capacity I agree to be legally bound as set forth in this Voluntary Waiver, Release of Liability, Indemnification and Assumption of Risk Agreement, on behalf of such Participant.

I have read this document and understood and agreed to all of its contents before signing it. I have also had every opportunity necessary to ask questions concerning the risks and hazards I am assuming in each of the countries I will visit or work in. I also have had adequate time to review, analyze and think of this document's contents, before signing the document. I certify the above information is correct and **I HAVE READ THE VOLUNTARY WAIVER, RELEASE OF LIABILITY INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT:**

Name (Please Print): _____

Signature: _____ Date: _____