

THE ST. AUGUSTINE – BARACOA FRIENDSHIP ASSOCIATION

RELEASE FROM LIABILITY AND CODE OF CONDUCT FOR DELEGATIONS

I, _____, passport # _____ wish
_____, 20____ Friendship Association delegation to participate in the Cuba.

1. I have read the St. Augustine-Baracoa Friendship Association Mission Statement, the Sensitivity Issues and Frequently Asked Questions and I agree to abide by the principles and objectives of the Friendship Association.
2. I am aware that Cuba is currently under an embargo imposed by the United States. I understand that I will be subject to the laws of Cuba and that the rights of U.S. citizens in Cuba may not be the same as in the United States. I understand that the St. Augustine-Baracoa Friendship Association is not and will not be responsible for my personal safety while traveling to and from Cuba and during my stay in Cuba or for any actions by the Cuban authorities including possible denial of entry into Cuba.
3. I have voluntarily chosen to participate in the delegation and accept all consequences which may result from such participation. I release the St. Augustine-Baracoa Friendship Association, its directors, officers and membership from any and all claims, actions, or causes of action arising out of my participation in the trip to Cuba, including but not limited to my person or property while traveling to or from Cuba and during my stay in Cuba.
4. I understand that this is neither a tourist experience nor a vacation and I agree to participate in all group meetings, projects and activities in a responsible way.
5. I will abide by the decisions of the group leader and remain sensitive to the political realities of the two countries.
6. I will not enter into any agreement regarding delegation functions and responsibilities without prior approval from the delegation leader.
7. I agree not to hand out personal items such as clothing, soap, and pens as this encourages begging. While we know that there are many shortages in Cuba and people may ask for items, such donations should be part of the Association's organized humanitarian aid efforts.
8. I agree that if I am invited to a private home, I will relay this to the group leader and discuss with him/her if this is compatible with the group's overall mission.

9. I will not engage in any illicit or illegal activities while in Cuba such as the use, purchase, or sale of drugs; prostitution in any form, or black market sales or purchases.

10. I will not make inflammatory statements about the Cuban government or its leaders.

11. I understand that breaking this contract in any way may result in the withdrawal of permission to travel under the Friendship Association license and will result in the rejection of my membership in the Friendship Association and I will not be allowed to participate in future delegations with the Friendship Association.

Signed this _____ day of _____ 200 _____

Signature: _____
_____ (Printed name)

Witness _____
(Printed name) _____

After printing and signing this form, please mail to:

The Friendship Association
P.O. Box 840011
St. Augustine, FL 32080

(together with your application form)