



## PARTICIPANT AGREEMENT AND WAIVER OF LIABILITY ("Agreement")

I, \_\_\_\_\_ [print full name], hereby request that I be allowed to participate in  
\_\_\_\_\_ [name of program] (the "Program") sponsored by American Jewish World  
Service ("AJWS"). I agree as follows:

### **A. Consent to Seek Treatment; Agreement to Reimburse; Indemnification**

I hereby authorize AJWS to seek and consent to medical care and/or treatment on my behalf during the duration of my trip with AJWS. In particular, I authorize AJWS, through any of its representatives, to seek and consent to the following non-exhaustive list of medical care and/or treatments if I am unable to consent to them on my own behalf and if representatives of AJWS [or any partnering organization] or medical personnel believe that my medical condition so requires: emergency medical care, surgical treatment, blood transfusions, airlifting to medical facility or hospital, treatment for pain, dehydration, and/or infection.

Further, I hereby agree to reimburse AJWS for any and all costs associated with the provision of medical care and treatment to me during this trip, including monitoring fees provided by external providers, whether I consented to such medical treatment myself or whether AJWS consented on my behalf. I understand that AJWS will not accept reimbursement of any medical expenses through my insurance carrier, but that I must personally reimburse AJWS within [time] from the date such care/treatment is provided.

I hereby authorize AJWS [and the following partnering organizations/tour operators:  
\_\_\_\_\_] and [its] [such entities'] agents and representatives to disclose medical and other personal and protected health information about me to third parties, including to emergency and medical personnel, as such entities or individuals may determine appropriate or necessary. I understand that information disclosed under this authorization may be further disclosed by the recipient and may no longer be protected by federal or state law.

In addition, I agree to indemnify AJWS [and the following partnering organizations/tour operators:  
\_\_\_\_\_] and [its] [such entities'] officers, employees, group leaders, agents, and representatives and to hold such entities and individuals harmless from any liability for injury, illness, or death sustained by me during this trip, including any injury, illness, or death I may suffer as a result of medical care or treatment provided me during this trip (whether or not I consented to such care or treatment on my own behalf or whether AJWS consented for me).

**B. Medications**

I take **NO** medications on a routine basis.

I take the following medications:

**Med #1:** \_\_\_\_\_ Dosage (# of pills): \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

**Med #2:** \_\_\_\_\_ Dosage (# of pills): \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

**Med #3:** \_\_\_\_\_ Dosage (# of pills): \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

**Med #4:** \_\_\_\_\_ Dosage (# of pills): \_\_\_\_\_

Specific times taken each day: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Side effects experienced: \_\_\_\_\_

**If you have indicated above that you take medications routinely:**

I have provided AJWS with a full and complete list of all of the medications I take on a routine basis and have accurately and truthfully described the dosage and specific times I take these medications. I hereby agree to continue to take these medications in accordance with my doctor's instructions for the duration of the Program. I agree to notify an AJWS representative of any changes to my regimen with respect to the above medications, including if I discontinue such medications.

**If you are the parent/guardian of a minor participant and have indicated above that the minor takes medications routinely:**

I have provided AJWS with a full and complete list of all of the medications the participant takes on a routine basis and have accurately and truthfully described the dosage and specific times the participant takes these medications. I hereby give permission to AJWS, through its staff and representatives, to dispense medications to the participant in accordance with the dosing information provided above (or in accordance with such modified instructions as I may provide to AJWS in writing).

**C. Safety and Security**

I have received and read all of the materials sent to me by AJWS pertaining to the Program. I have also registered with the **U.S. State Department Travel Registry** and been provided with and read the following information in its entirety: **the U.S. State Department Consular Information Sheet for the host country; the Travelers' Health Report from the National Center of Infectious Diseases of the Centers for Disease Control (CDC) for the host country; and the Destination Medical Report from International SOS for the host country.**

I have also received and read the AJWS rules and regulations for the conduct of participants in the program. I acknowledge that if, at any time, AJWS should determine that my conduct fails to comply with AJWS directives or has discredited, or may discredit, the status or reputation of AJWS, I will voluntarily return to the United States at my own expense when directed to do so by AJWS. **I understand and agree that AJWS may terminate my participation in the Program at any time, for any or no reason.**

I understand and acknowledge that travel to any foreign country, especially in an underdeveloped region, may involve limited access to health care and other services. I understand that I am subject to the laws of the country I am visiting, and that AJWS cannot be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods, services, or activities in connection with participation in the Program carries a risk of personal injury and property damage or loss.

I further acknowledge that I will be traveling abroad during a time of heightened political tensions, including a threat of international armed conflict. I know that it is not clear how events may unfold, and I recognize that current events may trigger violent responses against Americans throughout the world.

#### **D. Release of Liability**

With full knowledge of these dangers, and in consideration for my acceptance as a participant in the Program, I hereby confirm that I have read the foregoing and voluntarily assume all risks of such damages occurring in connection with the Program. I hereby agree for myself, my executors, administrators, heirs, next of kin, successors, and assigns to release AJWS [and the following partnering organizations/tour operators: \_\_\_\_\_] and [its] [such entities'] officers, employees, group leaders, agents, and representatives from any and all liability, losses, claims, demands, or causes of action relating to the Program or to my participation in the Program (including for any losses, damages, injuries, illnesses, or death that I may suffer or sustain in connection with the Program, and including for any negligent acts). **I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE A CLAIM** against (or seek damages from) the entities and individuals described in this paragraph.

I intend this Release of Liability to be effective whether or not any loss, damage, injury or death results from negligence of AJWS [and the following partnering organizations/tour operators: \_\_\_\_\_] and [its] [such entities'] officers, employees, group leaders, agents, and representatives. I understand that negligence means a failure to do an act that a reasonably careful person would do, or the doing of an act that a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself, or others from loss, damage, injury, illness, or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the Program. I understand that AJWS may not have access to rescue or medical facilities or expertise that may be necessary to deal with potential injuries to which I may be exposed. I understand that these risks exist and notwithstanding them, I wish to participate in the Program.

I further agree that the release of claims and liability set forth above extends to any losses, damages, injuries, illness, or death that I may suffer or sustain during independent travel that I decide to pursue before or after the scheduled dates of the Program.

#### **E. Photo/Video/Audio Release**

In consideration of the agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and intending to be legally bound hereby, I hereby grant permission to AJWS and those authorized by AJWS to use, copy, reproduce, adapt, edit, copyright, publish, film televise, exhibit, distribute, license, rent, disseminate and display any image, photograph, illustration, animation, clipart, footage clip, audio clip, font, or any other audio or visual content that is captured or created by me, and/or which

represents my image or likeness, including photographs or videos that show me or my likeness, or in which my statements, quotes or voice is features, together with any biographical information about me that AJWS has lawfully obtained from me (collectively, the "Products"), regardless of the storage media in which such Products are delivered, displayed or transmitted, in connection with (i) activities that I have performed under the auspices of or on behalf of AJWS, and (ii) public education, promotion of AJWS's mission and/or AJWS's fund raising activities and initiatives. I understand and agree that I am not entitled to compensation for the use of the Products by AJWS as described above and that AJWS may use the Products in original or modified form, and create derivative works therefrom, in all media at any time without my future consent.

Check here if you do not wish to have your name, photo and other biographical details posted on the AJWS website.

**F. Information Release**

I authorize AJWS to release information to funders of AJWS service programs at the completion of my AJWS Program. Funders collect this information in order to share relevant program information and foster connections among people who have shared a Jewish service experience and to study the size and composition of the Jewish service learning field. AJWS funders will not share or sell this information. Information released could include: name, address, e-mail address, cell phone, date of birth, gender, school, graduation year and/or date and location of service program.

Check here if you do not wish to have your information shared with AJWS funders.

**G. Governing Law**

This agreement shall be governed and interpreted in accordance with the laws of the State of New York without regard to the principles of conflict of laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:** I am the parent or legal guardian of the above minor and have read the above Agreement. I hereby consent to the terms of the Agreement on behalf of the named minor, and given my consent to the participation of the above named minor in the Program on the terms stated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Participant

**I HAVE READ THIS RELEASE AGREEMENT AND HAVE FULLY INFORMED MYSELF OF ITS CONTENTS BEFORE I HAVE SIGNED IT.**

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