



Authorization

Participant's Name _____

Terms and Conditions

1. If you leave the program at any time, or if you choose to refrain from participating in any part of the program, or if sickness or an accident makes it imperative that you withdraw from the program, refund or partial adjustment of fees will be made only at the discretion of Shorashim, taking into account the availability of refunds to Shorashim on your behalf.
2. The policy of Shorashim prohibits the possession, use or transmission of illegal drug and narcotic. You understand that any student who possesses, uses, sells, or transmits any drug or narcotic is subject to IMMEDIATE DISMISSAL FROM THE PROGRAM WITH NO REFUND.
3. While the program fees include provision for medical services similar to those provided to Israelis through the Medical Insurance sick plan fund of Israel. Once in Israel, program fees include provision for medical services similar to those provided to Israelis through an Israeli HMO. This coverage, however, is by no means exhaustive and does not cover days spent in Poland. Comprehensive insurance can only be guaranteed through arrangements, which you make with your personal insurance agent prior to departure. We urge you to pay special attention to your insurance coverage, including health, accident, and liability insurance.
4. Shorashim shall have no liability for any loss or damage to your property or for any injury, damage loss or expense resulting from any illness or accident. The sole exception to this provision will be limited medical coverage mentioned in #3 above.
5. Please sign and return this release letter to Shorashim. If the participant is under age 21, his/her parents must sign to evidence their acceptance of, agreement to, the terms of this letter. If parents are divorced, the parent who has custody of the student must sign.

The undersigned hereby authorizes Shorashim (acting through its employees, agents and representatives) to act on my behalf, in *loco parentis* for my son/daughter during the time of the program, and agrees that he/she may leave the group from time to time without adult supervision, for reasonable periods, at the discretion of Shorashim.

If it becomes necessary to make any changes in the itinerary to ensure the health or safety of my son/daughter, or other members of the group, I agree to bear the additional expenses for my son/daughter.

My son/daughter has reviewed the terms of participation in the program and has agreed to abide by these terms. I understand that Shorashim reserves the right to require the withdrawal of any student whose continuation is not in the best interests of the program. I understand that if this is necessary there can be no refund of fees for the remainder of the program.

We hereby affirm that we have read the terms and conditions set forth in this release letter and that we will be bound by these terms and conditions, and we hereby release Shorashim, its employees, agents, and representatives, from any and all liability except as expressly reserved in paragraph 3 with respect to limited medical services.

Participant's Signature

Date

Parent's Signature

Date