

Israel Trip Participants - Release and Waiver of Liability Form

I, the undersigned, will be participating in a trip to ISRAEL (hereafter "the Israel trip") on or about June 11, 2018 to June 21, 2018

I recognize that there are risks involved in participating in this trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **Congregation Ahavath Sholom**, nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, illness, loss of items, damage, or death that may occur to me, as a result of my participation in this Israel trip and hereby release **Congregation Ahavath Sholom**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, illness, loss of property, damage or death, which may occur while I am participating in the Israel trip. To the fullest extent permitted by law, I agree to save and hold harmless **Congregation Ahavath Sholom**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the Israel trip.

I authorize **Congregation Ahavath Sholom** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the Israel trip.

I understand and acknowledge that **Congregation Ahavath Sholom** does not provide health or medical insurance in connection with the Israel trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the Israel trip.

Executed this _____ day of _____, 20__.

Signature (Parent/legal guardian of minor) _____

Printed Name _____

Printed Name of minor _____

Witness: _____

Witness: _____