

## PATHWAYS PARTICIPANT WAIVER

**PATHWAYS** shall not be liable or responsible for any loss or damage which you may sustain to your person or property, or for any loss or damage by reason of any delay, modification, curtailment or arrangement pertaining to the services or facilities to be provided by **PATHWAYS** in connection with your participation on the Tour.

You have consulted a physician of your own choice and have been advised by said physician that you are in good health, do not suffer from any physical or mental ailment or disability which requires any medical or surgical care or treatment, or which would make your travel and/or participation on the Tour hazardous, unwise, unwarranted or a potential source of danger to you or to others who may travel with or participate on the Tour.

You acknowledge that Tour activities, including, but not limited to, hiking, rafting, snorkeling, swimming, camping, bus, jeep and air travel, may be subject to certain hazards; and further that you are voluntarily participating in the Tour and these activities, and understand the dangers and risks involved. You are aware that in the past there have been terrorist attacks, which must be regarded as an additional risk of travel in Israel. You hereby agree to accept any and all risks associated with participating in the Tour.

**You agree to attend all scheduled programs. Any absences from programs must first be cleared with the staff. Excessive absences from scheduled programming will cause one to forfeit part or all of the scholarship of \$2500. The Pathways staff will have the authority to determine if this action is necessary.**

You will share the responsibilities of keeping accommodations, classrooms, dining room, and other facilities clean during the course of the program. You are responsible for returning your room in the same condition you received it and are financially responsible for any damage you have caused during the course of the program.

You may be removed from the Tour for, among other reasons, (a) providing incorrect or false information regarding any portion of your application; (b) repeated failure to participate in any portion of the Tour; (c) use or possession of illegal drugs; (d) illegal use or possession of alcohol; (e) acts of violence or vandalism; (f) failure to disclose, or disclosure of inaccurate, medical information; or (g) failure to comply with any rules or regulations imposed by **PATHWAYS** or their employees, servants and agents.

You acknowledge that if you are removed from the Tour you will be responsible for all expenses you incur from the date of removal, including accommodations, and airfare for the return to your home city. **PATHWAYS** reserves the right to determine the date and time of your return flight.

In case of medical or surgical emergency, you hereby give permission to the physician selected by **PATHWAYS** to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for you.

You hereby acknowledge that by voluntarily providing **PATHWAYS** with any personal information in connection with your participation on the Tour, you consent to the distribution of such personal information to the Government of Israel and to any organizations deemed appropriate by **PATHWAYS**.

**You agree that by submitting the form below, you thereby acknowledge that you have read and understand this waiver and permission agreement and agree to be bound by its terms and conditions.**

**I understand that PATHWAYS and Darché Noam/Shapell's, while they will take precautions to eliminate the risk of loss or damage to my personal property, are not held financially responsible if such loss or damage should occur.**

**I understand that the PATHWAYS program is subject to change or cancellation at any time.**

**Following acceptance, the full amount for the program will be due, and will be non-refundable, due to the heavily subsidized nature of the trip. Students agree to participate fully in all events and activities on the schedule in order to receive the scholarship. A working copy of the schedule will be available in advance for your review. Failure to fully participate in the program on arrival in Israel may result in the participant forfeiting his or her subsidy for that day, based on the program's true value (approximately \$2,500.00 total). I, the participant, give Pathways permission to charge my credit card on file to reimburse Pathways for this pro-rated amount should I neglect to participate in the program after my arrival in Israel.**

**I certify that the information given in this application is complete and correct. Misrepresentations could result in the applicant being responsible for the value of his or her scholarship awarded on the basis of false information.**

**I agree to abide by the rules and regulations set by PATHWAYS for the health, safety and welfare of the students.**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Passport No.** \_\_\_\_\_

**Program** \_\_\_\_\_

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