

Galilee Fellowship Waiver

In consideration of my registering and/or participating in the Livnot U'Lehibanot Galilee Fellowship (the "Program"), and for other good and valuable consideration, I understand, agree and acknowledge that the American Friends of Livnot U'Lehibanot, the Livnot U'Lehibanot Organization, and other organizations participating in the Program and their respective agents and representatives, are not responsible for my health, safety, security, or my personal property during my participation in any respect in the Program, including, without limitation, any and all travel in connection with the Program. In this respect, I further agree, for myself and on behalf of my family, next of kin, heirs and representatives, to indemnify and hold all of the aforesaid organizations, and their respective agents and representatives (collectively, "Organizations") harmless from, and to waive and otherwise make no claims against any of the Organizations for, any and all claims, costs, damages, suits, liability, loss and expenses (including attorney's fees), arising from, related to or in connection with my travels and my attendance and participation in the Program. Such indemnification, hold harmless and waiver agreement includes, but is not limited to, any claims for negligence or any intentional acts by the Organizations or any other persons or entities, or any claims related to any hostile act, terrorism, theft, governmental action, accident, injury, death, illness, disease, medical treatment, acts of G-d and any other cost, loss or expense of any nature whatsoever.

I understand and acknowledge that travel to, from and in Israel, and my presence and activities in Israel, present certain personal risks and possible exposure to danger and that, while all reasonable measures and precautions are being taken by the Organizations to provide for my safety and security, there can be no assurances by the Organizations regarding such risks and exposures. I, therefore, assume all such risks and exposures related to my participation in the Program.

Printed Name

Passport # and Country

Signature

Date