



WAIVER & RELEASE OF LIABILITY

Participant Name: _____

I have voluntarily applied to participate in a BBYO Passport LLC program ("Program"), either as a Member or non-Member of BBYO, Inc. I understand that there are risks associated with my participation in such a Program, including without limitation risks associated with general touring activities, outdoors activities, sporting activities, overnight stays, transportation and travel within the United States as well as with international travel, including but not limited to increased security and safety risks due to the prevalence of crime, political conflict, and limited availability of medical facilities that meet standards to which I am accustomed. I acknowledge that the nature of the Program may expose me to hazards or risks that may result in my illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks.

In consideration for and as a condition to my participation in the Program, either as a Member or a non-Member of BBYO, Inc.:

I hereby accept all risk that may result from my participation in the Program, and I hereby fully and unconditionally release and forever discharge BBYO Passport LLC., BBYO, Inc., its travel partner, Tlalim, Conventions, Events & Tourism Ltd. and Tlalim Tours Inc. (DBA collectively as "Authentic Israel"), and each of their respective affiliated entities, governing boards, trustees, directors, officers, employees, volunteers, advisors, parent/legal guardians or other chaperones, administrators, faculty, attorneys, agents, insurers, representatives and any other person acting by, through, under or in concert with any of such persons or entities, and their successors and assigns (collectively referred to herein as "the Organizer"), from any and all liability to me, all members of my family, my personal representatives, estate, executors, administrators, heirs, next of kin and successors and assigns for any and all claims and causes of action for loss of or damage to my property (either owned or rented by me) and for any and all illness or injury to my person, including my death, that may result from or occur during and/or related to my participation in the Program, whether caused by the intentional acts, negligence or carelessness of any person or entity, including but not limited to any claims for negligence, negligent hiring, negligent supervision and/or negligent provision of medical care and/or medication. This release extends and applies to, and covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof, occurring in connection with and/or in any way related to my participation in the Programs at any time after the execution of this Waiver and Release.

Travel Associated Risk

I understand and agree that I am responsible for my own transportation to and from the program, including to group flight airport if such an option is offered. Any delay in meeting the group will be my own responsibility, and should I not board an optional group flight on time, I understand and agree that there is no guarantee I can be booked on a substitute flight.



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I further agree that the Organizer is not responsible or liable for any injury, damage, loss, costs, refunds, expense, accident, delay, scheduling changes, cancellation or other irregularity which may be caused by third party travel companies or the transportation carriers or other companies or persons engaged in providing or performing any of the services involved in the Program or that may otherwise occur during the Program. I understand that travel insurance has been made available to me (for USA citizens only), and that I may contract for such insurance or the insurance provider of my choosing. I further understand and agree that travel insurance policies are subject to the insurance provider's conditions and exclusion clauses. Such policy details are available at www.bbyopassport.org/insurance.

Modifications to the Itinerary

I understand and agree that the sample itinerary and/or program description included in any marketing material is subject to change at the sole discretion of the Organizer. I further understand that any itinerary documentation distributed as part of pre-trip preparation materials is also subject to reasonable change at the sole discretion of the Organizer.

Property and Financial Responsibility

I understand that I will be required to pay for any phone calls or incidental personal expenses that I incur while participating in the Program, as well as for any damage I cause to property of others, including but not limited to damage at our accommodations. I agree to defend, indemnify and hold the Organizer harmless from any financial liability or obligation that I personally incur, or for any injury or damage to the person or property of others that I cause or contribute to, while participating in the Program. I understand and agree that the Organizer shall not be liable for any of my property (whether owned or rented) which is damaged, lost or stolen throughout the duration of the Program, including property contained in my luggage or within my accommodations room – regardless of the circumstances.

Further, I understand and agree that the Organizer bears no responsibility for any items rented or acquired through our partners. In particular, I understand and agree that Organizer is not responsible for any lost or stolen cell phones or any unauthorized calls made on a rented cell phone or SIM card, and that it is my responsibility to notify the cell phone company directly of any issues relating to the cell phone, including but not limited to damage, theft, and unwanted calls, I understand and agree that participants are encouraged not to bring valuable items on the Program.

Food Allergies, Medical Contingencies and Consent to Treat

I understand and agree that I am solely responsible for providing the Organizer with all relevant medical considerations pertaining to my well-being through the designated forms. I understand and agree that I am solely responsible for any prescribed medications and that I am solely responsible for ensuring that any such prescription medications are legal in the countries in and through which I will travel. I understand and agree that Program staff are not allowed to carry,



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administer or ensure compliance with any prescribed medication for Program participants, and I understand and agree that special requests—such as the need to refrigerate medication—may be facilitated by Program staff in good faith, but that the Organizer does not accept responsibility for such requests. I authorize Program staff to provide over-the-counter medications at their discretion and in their best judgment.

I understand and agree that I am solely responsible for providing the Organizer with all relevant dietary considerations pertaining to my well-being through the designated forms. I understand and agree that Program staff will make a good faith effort to ensure that food is available on the Program that is consistent with any special dietary considerations I have specified but that I am nonetheless solely responsible for food that I consume. I understand and agree that the Organizer does not commit to providing certified Kosher food in destinations outside of Israel and that the Organizer's policy regarding kosher or unkosher food on the program can be found at www.bbyopassport.org/FAQs. Further, I understand and agree that the Organizer cannot guarantee an environment that can or will accommodate me if I have an airborne food allergy.

I understand and agree that participation in the Program can be physically challenging and involves irregular sleeping and eating schedules and a highly social environment. I have consulted with a physician and have been advised that I am in good health. I do not suffer from any illnesses, conditions or disabilities that would make participation in the Program unwise, harmful or dangerous to myself or others. I understand and agree that should Program staff determine in their sole discretion that I am not capable of participating in the Program due to physical -health or mental -health considerations, I will be removed from the Program and will be fully responsible for my own connecting travel arrangements.

I understand and agree that I am required to possess a comprehensive medical insurance policy that is valid in the countries in and through which I will travel on the Program, and I agree that if I become ill or incapacitated, the Organizer may take any action it deems necessary for my safety and well-being, including securing medical treatment (at my own expense) and making arrangements for transporting me home. I understand and agree that in such instances I will not be entitled to any refund of paid Program fees or costs and that all travel arrangements, costs and liabilities associated with being returned home, including the cost of an escort, if necessary, will be the sole responsibility of me and my parent/legal guardian. I hereby authorize the Organizer to charge all such travel arrangements, expenses, and liabilities to the credit card on record with the Organizer. I represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage within the countries included in the Program for injuries and illnesses I may sustain or experience while participating in the Program, including treatment related to pre-existing conditions.



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I understand and agree that, in some countries, the provision of available healthcare services may not meet the standards to which I am accustomed. I further understand and agree that in the event I may need medical care, I may be taken to and receive care from local clinics at the sole discretion of Program representatives. In some instances, healthcare facilities expect upfront payment. I understand that I am responsible for all such payments, whether upfront or otherwise, and I have been advised that I should have access to travelers' checks or a credit card at all times while in such countries in case of a medical emergency.

Travel Documentation and Preparedness

I understand and agree that it is my responsibility to secure the necessary travel documents, including a valid passport and any other documents required by the country to which I am traveling, and that failure to do so will not constitute grounds for a refund. I understand and agree that most countries require the passports of visitors to be valid for an extended period of time beyond the scheduled Program travel dates, and that I may be denied boarding if my passport validity does not meet those requirements.

Taking/Publishing Photographs and Videos

I hereby authorize the Organizer to take and/or publish photographs/video/quotations taken of me (including printing or otherwise publishing my name in association with such photograph/video or quotation) in printed or electronic format, including but not limited to in publications, presentations, promotions (including those which are mailed), exhibits, press releases, marketing materials, videos, CDs, DVDs, websites (both internal and external) and any social media associated with the Organizer. I acknowledge that since my participation in such photographs/video/quotations is voluntary, I will receive no financial compensation and my participation confers upon me no rights of ownership whatsoever to such photographs/video/quotations. I further understand and agree that such photographs/video/quotations may be shared by the Organizer with its various partners consistent with these provisions.

Personal Exploration Time

While the Organizer provides a generally supervised Program, there may be opportunities designated by Program staff for personal exploration time in public areas that are not directly supervised by Program staff. In all such instances, I agree to remain within the physical parameters set forth by Program staff, and I understand and agree that all Program rules apply during such opportunities. Should I not wish to leave the direct supervision of Program staff in such public areas, I understand and agree that I have the right to remain under the direct supervision of Program staff at all times.

Vaccination

I understand and agree that the Organizer has established a vaccination policy that requires its participants to be up to date with most vaccines recommended by the American Academic of



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Pediatrics and the Center for Disease Control. I further understand and agree that vaccine guidelines vary and are continually evolving in the countries where we travel and that I am responsible for following all preventive health measures recommended by the United States Center for Disease Control and my personal physician for travel to and within such countries.

Standards of Conduct

I understand and agree that as a participant in the Program, either as a Member or a non-Member, I am expected to abide by the directions of Program staff as well as the BBYO Code of Conduct, transportation policies, housing and living arrangement policies, substance abuse policies and other policies and guidelines as may be amended and/or modified from time to time by the Organizer in its sole discretion, without prior notice, and that I am expected to comply with the current laws of the United States and/or local laws of those countries in and through which I travel during the course of the Program. These policies include but are not limited to the following areas:

- I understand and agree that without advanced written parental consent and Program staff approval, no participant is allowed to leave the program from the time of arrival until the completion of the program.
- I understand and agree that no guests are allowed at this Program without staff's prior approval.
- I understand and agree that curfew means that time at which participants must be in their assigned rooms with lights out and ready for bed. Additionally, I understand that participants may not leave their room between the start of curfew and wake up.
- I understand and agree that all programs, workshops, services, meetings and meals are mandatory. Participants will review and follow the program schedule and will remain in appropriately staffed and/or authorized areas.
- I understand and agree that at no time will any males be allowed to enter a female's sleeping area nor females be allowed to enter a male's sleeping area. Additionally, program staff may designate areas as "single-sex" and these areas are off-limits to participants of the opposite sex
- I understand and agree that the use, purchase, or possession of fireworks, firearms or other weapons, alcohol, tobacco, illegally controlled substances or other prescription drug(s) without valid prescription, fighting, intimidation, bullying, or gambling are grounds for expulsion.



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- I understand and agree that the purchase or possession of smoking or e-smoking paraphernalia is not allowed on the program for any reason.
- I understand and agree that participants are never allowed to share, sell or otherwise dispense prescribed medication.
- I understand and agree that I am to be respectful of and towards my peers, professional staff and volunteers.
- I understand and agree that social media must be used responsibly at all times during the program.
- I understand and agree that it is expected that participants will behave responsibly and with respect regarding belongings and property throughout the program. Participants must report any property issues or damages in any location to BBYO Passport staff immediately. Any unreported damages will be charged to the participant.
- I understand and agree that proper/respectful attire must be worn at all times. Shoes must be worn in public spaces.
- I understand and agree that gambling is not permitted on the program.
- I understand and agree that tattooing or piercing oneself or others or receiving tattoos or piercings, or other forms of self-modification are not permitted on the program for any reason.
- I understand and agree that any inappropriate physical or verbal contact during the program is not permitted at any time.
- I understand and agree that if I become aware of any conduct by any participant, volunteer or staff member which that I believe is illegal or violates program rules, or creates a risk of harm to any individual, I will immediately report the incident to an appropriate Program staff representative.

I understand and agree that Program staff are not responsible for preventing or otherwise policing violations of the above conduct violations, and that the Organizer is not responsible for any injury or damage resulting from a violation of these conduct policies.

I understand that my failure to uphold BBYO conduct policy may result in disciplinary consequences, including loss of privileges, separation from the group, termination of my participation (i.e. being sent home), and/or revocation from BBYO membership, as determined



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in the sole discretion of BBYO. I further understand and agree that the Organizer, as it deems appropriate in its sole discretion, reserves the right (but does not have the obligation) to search my person and/or belongings and to take such action (or to refrain from such action) at it deems appropriate to secure the safety of me and/or others and/or to ensure compliance with BBYO Code of Conduct, transportation policies, housing and living -arrangement policies and other policies and guidelines and that this Waiver and Release extends and applies to cover all such actions/inactions. I further understand and agree that I may be required to submit to drug and/or alcohol testing (e.g. breathalyzer or other form of testing), and that my failure to submit to the requested testing will be grounds for disciplinary action up to expulsion; provided, however, I understand and agree that such test need not be administered when the Organizer otherwise reasonably believes that Program policy has been violated. I further understand and agree that appropriate legal authorities may be contacted, and I may be subject to possible prosecution or incarceration by same.

Consequences of Expulsion

I understand and agree that in the event I am expelled from the Program, I will not be entitled to any refund of paid Program fees or costs, and that if I received scholarship funding for the Program from BBYO or another funding agency, I further acknowledge that I will be responsible for reimbursing the funding party in full within 30 days of expulsion from the Program. Further, I understand and agree that if I am expelled from the Program, all travel arrangements, costs, and liabilities (including escort costs, if applicable) associated with being sent home will be the sole responsibility of me and my parent/legal guardian, which must be paid up-front. I hereby authorize BBYO to charge all such travel arrangements, costs and liabilities to the credit card on record with BBYO or to collect payment through other means if a valid credit card is not on file. I further understand and agree that in such circumstances it shall be the sole responsibility of my parent/legal guardian identified below to make immediate arrangements to pick me up at the location designated by BBYO. I further agree that in the event BBYO incurs any costs, expenses or liabilities for which I or my parent/legal guardian are responsible, and which are not covered or paid for by a credit card on record, BBYO reserves the right to pursue collection of such costs, expenses and/or liabilities through appropriate collection agency proceedings. In the event I am expelled from a program, I understand and agree that BBYO reserves the right to make travel arrangements for my return to the originating group departure airport (i.e. the city from which the group travel originated) and to place me on a flight as an unaccompanied minor, unless other arrangements, satisfactory to BBYO, are made with the consent of my parents/guardians.

Right to Participate and Program Payment

I understand and agree that acceptance to the program is conditioned upon the receipt of a completed application, including a physical examination of me that demonstrates my physical and mental fitness and ability to participate in all aspects of the program. I agree that receipt of program payment and application forms does not guarantee acceptance to the program. I



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agree that the Organizer reserves the right to deny or revoke acceptance, in its sole discretion, at any point.

I understand that the Organizer will confirm by the first week of March a final schedule of summer Program offerings with associated dates for a summer season in the same calendar year. Notwithstanding the previous sentence, I understand and agree that the Organizer reserves the right to consolidate and/or cancel specific programs and/or trip dates, in its sole discretion, without prior notice.

I understand that, given the unpredictable financial factors associated with international travel, the Organizer reserves the right to adjust the price of the program by up to 5% based on exchange rate and airline fuel fee fluctuation. I understand and agree that I retain the right to cancel and receive a full refund in the event of a price increase that is greater than 5%.

I agree to make payment for the Program in full according to the published payment schedule. I agree that if I have an open balance after the payment deadlines then I may be subject to late payment fees and that I ultimately may not be permitted to attend the program and will only be eligible for a refund in accordance with the Program's overall refund policies and terms. I agree that the Organizer reserves the right to pursue collection of any overdue program costs, expenses and/or liabilities through appropriate collection agency proceedings. I agree that if I am expecting to receive a third-party scholarship, grant, or other form of subsidy, it is my responsibility to produce written documentation from the funding source attesting to this fact in advance of the final payment deadline, and that if such third-party funds are not received within a month of the Program's conclusion, that it will be my sole responsibility to cover the balance due personally.

Dispute Resolution

I agree that any and all disputes between the parties arising out of or relating to this agreement, whether grounded in contract, tort or statutory law, shall be resolved exclusively by arbitration in Washington, DC. The arbitration shall be conducted in accordance with the Dispute Resolution Rules of JAMS. The prevailing party in the arbitration shall be entitled to its attorneys' fees and costs plus any fees and costs incurred in connection with confirming the arbitrator's award.

I agree that: (1) if any provision of this Waiver and Release shall be found to be unenforceable, then a court making such determination shall have the authority to narrow the provision, which shall be enforceable in its narrowed form; and (2) each provision is independent and severable from each other, so in the event any portion is found unenforceable and not modified, then the remainder of the Waiver and Release shall remain in full force and effect.



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I hereby acknowledge that I have fully read, understood, and accepted each of the above provisions, and that I have had the opportunity to consult with an attorney at my own expense to discuss and review the terms of this Waiver and Release. I understand and agree that this Waiver and Release includes a release of liability, which legally prevents me or any other person from filing suit, or making other claims for damages, in the event of death, personal injury, or property damage. I understand and agree that this Waiver and Release is binding on me and members of my family, my heirs, estate, executors, administrators, personal representatives and next-of-kin and their successors and assigns. My acceptance of the Waiver and Release and participation in the Program signifies my understanding of, and agreement with, these statements and their implications.

Parent/Guardian Acknowledgment

To be completed for by Parent/Legal Guardian of the Program participant:

I/we, the parent or legal guardian of the Program participant specified in this BBYO registration account hereby acknowledge that I/we have the authority to execute this Waiver and Release and to make decisions with respect to the Program participant and I/we assume responsibility for the actions or inactions of the Program participant.

Further, I/we hereby acknowledge that I/we have read and understand the terms of the Waiver and Release and agree on behalf of my/ourselves, the specified Program participant, and all other members of our family, the participant's heirs, estate, executors, administrators, personal representatives, next of kin and their successors and assigns, to be bound by all of the terms and conditions set forth herein, including the full and unconditional release contained herein, and the responsibility for all travel arrangements, costs and liabilities associated with the Program participant being sent home and/or expelled from the Program to the same extent as such terms and conditions apply to our child named as the Program participant therein.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____