



AUTHORIZATION/SIGNATURES:

Community (City/State): _____

Consent for trip:

I hereby give _____ (name of Applicant/Participant) permission to participate in the March of the Living Program.

I agree to hold the leadership of the March of the Living, and its agents and staff, harmless from any liability arising out of transporting, supervising, or any other activity pertaining to this program for the above---named Participant, and agree to indemnify the sponsors of the March of the Living and its agents and employees for any costs for the above named Applicant/participants which may arise in connection with this trip.

I give my full permission for all medical treatment of any nature deemed necessary by doctors in Europe, Israel and/or USA to be extended to my child within the framework of the medical services provided by the March of the Living leadership.

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

Application Form:

I have completed the **Basic Application** (Form BA1(a)4). To the best of my knowledge all the information provided is accurate. I acknowledge the March of the Living West will rely upon the information provided in order to determine my participation in the program.

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

DATE

I have reviewed my child's completed **Basic Application** (Form BA1(a)4). To the best of my knowledge the information provided is accurate. I acknowledge the March of the Living Western Region will rely upon the information provided in order to determine my child's participation in the program.

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

Medical Form:

I have read and understand the physical and mental intensity and requirements of the March of the Living. I have reviewed the **Personal Health History** (Form PH1(a)3), and to the best of my knowledge the information provided is accurate.

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

DATE

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

NAME: _____

Code of Conduct:

I acknowledge that I have read the **"Code of Conduct."** (Form CC1(a)2). I understand its contents and agree to be bound by all of its provisions. I understand and agree that if I violate any of these standards, I will be subject to disciplinary action, up to and including my immediate dismissal from the program and my return home at my family's sole expense.

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

DATE

I acknowledge that I have read the **"Code of Conduct."** (Form CC1(a)2). I understand its contents and agree to be bound by all of its provisions, and will review these with my child. I understand and agree that if my child violates any of these standards, he/she will be subject to disciplinary action, up to and including his/her immediate dismissal from the program and return to our home city at our sole expense. I understand and agree that I will be charged and will pay for all additional expenses related to travel back to home, should my child require special travel arrangements, including arrangements stemming from dismissal from the program which includes the travel expense of an accompanying adult. Further, I understand and agree that, should my child be dismissed from March of the Living, I will not receive any refund of tuition monies paid.

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

Liability Release:

I have read, understand and agree to all terms and conditions of the **MOTL Western Region Release and Waiver of Liability Statement** (Form RWL1(a)2).

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

DATE

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

Photo Release:

Photography and media is an integral part of the MOTL experience. By signing below, I grant permission to MOTL Western Region to use of photographs, videos, and other media for display and publication use.

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

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FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

NAME: _____

Western Region Total Fees is \$6,995. (This reflects a \$350 built-in scholarship thanks to generous funding from the International March of the Living) The fee does not include domestic airfare. Domestic fees TBA.

Fee Schedule:

- Due upon acceptance: 25% of tuition, \$1,750.00
- Due by November 15, 2023: additional 25%, \$1,750.00
- Due by December 15, 2023: additional 25%, \$1,750.00
- Due by January 15, 2023: remaining balance, \$1,745.00

Individual Cancellation Policy: Should a participant in the Delegation elect in writing to cancel participation in the Program for any reason, including COVID-19 related cancellations, and the Delegation provides written notice of said cancellation to the IMOTL, IMOTL will issue only the following refund to the Delegation, depending on the date of written cancellation:

- Through November 14, 2022 – Full Refund of tuition paid to date
- November 15, 2022 – December 14, 2022 – 75% Refund of tuition paid to date
- December 15, 2022 – January 14, 2023 – 50% Refund of tuition paid to date
- January 15, 2023 – January 31, 2023 – 25% Refund of tuition paid to date
- On or after February 1, 2023 – NO REFUND

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

DATE

FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

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Trip Insurance Policy: **Proof of trip insurance must be submitted to Marcia Tatz Wollner**

Trip Insurance – All participants are required to obtain trip insurance which includes but is not limited to cancellation, interruption and medical coverage. The March of the Living strongly encourages adding on Cancel For Any Reason policy, although it is not mandatory. MOTL does not offer trip insurance. We have no business relationship with any insurer and bear no responsibility or liability in connection with recovery, or non-recovery, from any insurance policies purchased in connection with the Program.

Recommended Vendors:

1. WanderWell (Multiple delegations are using this company, and the company is developing a package specifically for March of the Living participants) Erin Fish -Co-Founder / CEO Wanderwell www.goWanderwell.com 844-992-4765 erin@gowanderwell.com
2. Travel Insurance Israel www.travelinsuranceisrael.com Jeffrey Barr – 954-364-7130 (U.S. direct), 011-972-58-541-1575 (WhatsApp), 058-541-1575 (Israel) jeff@travelinsuranceisrael.com

MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

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FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

Please return signed form to: Marcia Tatz Wollner, Attn: March of the Living, Western Region, 2771 Arnoldson Avenue, San Diego, CA 92122. In addition, the form can be scanned and emailed to marcia@motlthewest.org.