



EXHIBIT C

March of the Living Health Insurance Policy

As a condition of participating in the March of the Living Program (“Program”) through **Western Region, USA** (the “Delegation”), _____ (“Participant” or “you” or “your”), by signing below, acknowledge that you have reviewed and hereby accept the terms and conditions of this March of the Living Health Insurance Policy, effective the date this Agreement is signed below (“Effective Date”).

a. Health Insurance: All Participants must have health insurance in place to cover both emergency and/or routine medical services overseas, and which make payments to medical care providers directly. If you have health insurance in your home country, you must confirm that it covers both routine and emergency medical services that happen abroad. If your health insurance does not cover routine and emergency medical services that happen abroad, you must purchase a short-term supplemental travel health insurance policy that will cover the entire duration of the trip, from the date of departure from your home country to the date of return to your home country. This insurance should include, but not be limited to, medical treatment, both outpatient and inpatient, medications, procedures, physician visits, hospitalization/room and board, emergency local ambulance, durable medical equipment, urgent care clinic, walk-in clinic, mortal remains return and mental health care. The insurance must also cover the cost of quarantine, if necessary, including the cost of hotel stay, meals, the purchase of new flights, should they be needed etc.

b. If you do not purchase the required health insurance, you will not be permitted to participate in the Program and you may be responsible for up to the full cost of the trip, in accordance with the financial penalty schedule set forth in the MOTL Individual Cancellation Policy.

The Delegation and IMOTL will not be in a position to cover the cost of any medical and quarantine related expense.

Signed:

Participant Signature

Participant Name (Printed)

Guardian Signature (if applicable)

Guardian Name (Printed)

Date