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**ISRAEL PARTICIPATION AGREEMENT – For students applying for enrollment in the S. Daniel Abraham Israel Program**

In this document:

- The Program refers to Yeshiva University’s S. Daniel Abraham Israel Program
- YU refers to Yeshiva University, its Board, directors, officers, agents and employees

**SEMESTER OF ENROLLMENT IN THE PROGRAM**

Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ YU ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Country

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT SECTION**

1. I have enclosed a copy of my acceptance letter to \_\_\_\_\_ (the school I will attend).  
Please select from the list of schools currently participating in the Program.

2. Before leaving for Israel I will:

- Ensure that the YU Admissions Office receives my **final official high school transcript**, including the date of graduation.
- Along with my parent(s), make financial arrangements to meet my tuition and fee obligations.
- Complete the **medical forms** and obtain all required immunizations and return all forms and documentation to the YU Admissions Office.

3. I grant permission to YU to take photographs, audio and/or videotapes or motion pictures (collectively “photographs”) of me, individually or with others at or in connection with the Program and to use and publish my name and photographs for such purposes as YU may deem proper, including but not limited to, publicity, promotional and educational purposes. In granting such permissions without compensation or royalty, I hereby relinquish my rights, title and interest in the photographs.

4. As a student participating in the Program, I will abide by all instructions given by staff, and will participate in the Program to the best of my ability. I will adhere to the stated standards of religious and behavioral observance over the course of the Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE AND SIGN BOTH SIDES OF FORM**

**PARENT SECTION**

**1. Understanding of Benefits and Risks**

I have received sufficient information about the benefits and risks of the Program and have had time to carefully review and consider all such relevant information in order to give the Release and Waiver of Liability below.

**2. Release and Waiver of Liability**

In consideration of YU making the Program available, I agree that YU does not assume any responsibility for damages to or loss of my or my child's property, illness or injury, or death while I/he/she participate(s) in the Program. I freely assume any risk associated with or arising from the Program.

I understand and agree that there are unavoidable risks in foreign travel and living abroad while participating in the Program. I do hereby and forever and absolutely on behalf of my child and/or myself, waive and release any claims against YU relating to my or my child's participation in, and travel to and from the Program, including, but not limited to, claims for any injury, loss, damage or accident, delay or expense resulting from the use of any vehicle, strikes, act of terrorism, weather, accident, sickness, quarantine, government restrictions or regulations. I also agree to defend, indemnify and hold harmless YU from and against any and all liability, claims, lawsuits, judgments, losses, damages and expenses, including reasonable attorneys' fees arising out of any financial obligations or liabilities that I or my child may personally incur or any damage or injury to the person or property of others that I/he/she may cause, while participating in the Program.

**3. Insurance**

I understand and agree that I am responsible for assessing my or my child's medical needs. I will obtain adequate health insurance coverage and travel insurance for him/her/myself which will remain effective for the duration of the Program.

**4. Parent's Emergency Contact Information (provide for both parents if possible)**

Father's day/business phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Mother's day/business phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

As the parent of the above-named student I agree to both the student and parent sections of this agreement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE AND SIGN BOTH SIDES OF FORM**