



# Release Of Liability

I, the undersigned will be participating in a short-term humanitarian trip to Israel on \_\_\_\_\_ (on or about) and returning on \_\_\_\_\_ (on or about). I recognize that there are risks involved in participating in the trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither Maasay Yahdav, The Works of His Hands, Inc., nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this humanitarian trip and hereby release Maasay Yahdav, The Works of His Hands, Inc., its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the trip.

To the fullest extent permitted by law, I agree to save and hold harmless Maasay Yahdav, The Works of His Hands, Inc., its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in this humanitarian trip.

I authorize Maasay Yahdav, The Works of His Hands, Inc., through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating on this trip. I understand and acknowledge that Maasay Yahdav, The Works of His Hands, Inc. does not provide health or medical insurance in connection with this trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation.

Date Executed \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness (Any Family or Friend) \_\_\_\_\_