



**SAR-EL**  
VOLUNTEERS SAVE LIVES

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### **WAIVER AND RELEASE:**

Having been fully informed of the risks inherent in the Program, I hereby declare that I assume all risks involved in my participation in the Program and waive all claims of responsibility of Sar-El, its directors, employees and staff for any losses or damage except as may be caused by its gross negligence or willful misconduct. I expressly accept that Sar-El shall not be deemed responsible for transportation, accommodations, tour programs or other services while I am off the base to which I am assigned, unless such off-base event is required by the Program. I agree to indemnify and hold Sar-El harmless from and against all claims which may be brought against Sar-El on account of misconduct on my part. In participating in the Program, I verify that I have read and accepted these terms and conditions and agree that they shall be binding on me. I declare that I have no criminal or police record. I also acknowledge that Sar-El assumes no financial liability for any aspect of my trip for any reason.

I understand that if I am not allowed permission to enter Israel once I arrive to the Israeli Passport Control or Israeli Border Police, Sar-El holds no liability. Entry into Israel is at the total discretion of these agencies regardless of possession of a VISA or ETA-IL.

I undertake to abide by all the policies and directions of conduct while I am in the Program and staying at the military base including, inter alia, the prohibition of possessing or using alcoholic drinks and/or drugs while on the Program and I recognize that any breach by me of these obligations will result in my immediate removal from the Program.

I am aware that from Sunday to Thursday, I will be under the supervision and support of Sar-El, while during weekends, I will be responsible for my own needs and activities.

I undertake to abide by all the local regulations in effect in Israel while in the Program, and I recognize that if I become ill with COVID-19, or any other condition that makes it impossible for me to continue working on base, that I may be asked to leave the Program without any responsibility on the part of Sar-EL. I also confirm and agree that Sar-EL shall not be liable or responsible for any cancellation of flights, and/or entry into effect of a lock-down or any other reason preventing tourists from entering into Israel and/or the shutting down or quarantining of military bases where Sar-EL intends to send me during the Program and Sar-EL shall not be responsible to find me alternative accommodation.

I acknowledge that all medical issues, including any pre-existing conditions or health concerns, are solely my responsibility, and I am responsible for ensuring that I have the necessary emergency medical coverage while volunteering with Sar-El.

I consent to the use of my image, likeness, and related content for Sar-El's promotional and informational purposes, recognizing that it may be utilized in various media channels, including but not limited to print, digital, and social media.

I acknowledge that the participation fee is non-refundable.

I acknowledge that I understand the ongoing conflict in Israel and, by participating as a volunteer with Sar-El, I voluntarily assume any and all risks associated with this situation, thereby waiving Sar-El of any responsibility for unforeseen dangers that may arise during these times.

**MEDICAL WAIVER:** I have been fully advised that the Program may call at times for vigorous exertion and physical effort and I will be living under spartan living conditions. I declare that I am in good physical condition and mental health, capable of participating in the Program, doing physical labor and that I have obtained the permission of my physician on a signed waiver. I understand and agree that I am responsible to purchase and maintain in effect while I am in the Program the appropriate travel / health insurance and that I will be solely responsible for any medical bills (including for doctors' visits, hospitalization, ambulances, and accidents) incurred while I am in the Program and any medical condition resulting from my participation. I acknowledge that Sar-El has the right to end my participation in the Program for any health reason, at its sole discretion.

**Start and End Dates of Program:** \_\_\_\_\_

**Name of the Participant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_