**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, VOLUNTARY**

**PARTICIPATION AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on behalf of myself, my agents, heirs, executors, and assigns hereby knowingly and voluntarily agree not to sue and agree to release Encounter Programs, all related corporations, its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors, insurers, representatives, heirs, assigns, and affiliates (collectively the "Organization" or “Encounter”) from any and all liability, whether caused by negligence or otherwise, including property damage, personal injuries, or other claims, arising from or in connection with my voluntary activity while participating as a Program Participant in Encounter’s field program(s). I am voluntarily participating in the field program(s), intensive(s) and/or meeting(s) and travelling to various areas within Israel and surrounding areas of the Middle East (the “Field Programs”). My participation in the Field Program(s) is not related to employment and I am a Program Participant solely on a voluntary basis. Such participation may include my travel through and presence in dangerous areas.

**I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISK, KNOWN AND UNANTICIPATED, OF BODILY INJURY, EMOTIONAL INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF OR RELATED TO MY VOLUNTARY PARTICIPATION IN THE FIELD PRGRAM(S).**

* I agree that I am a voluntary Program Participant and I understand the potential risks associated with my participation in the Field Program(s).
* I agree that any time spent as a Program Participant is completely voluntary.
* I agree to abide by all rules, guidelines, policies or codes of behavior, as required by the Organization.
* I agree that through this form, I voluntarily agree to assume all risks associated with my activity as a Program Participant and my participation in the Field Programs.

I agree to indemnify and hold harmless Encounter from any loss, liability, damage, or cost it may incur arising out of or related to my voluntary activity as a Program Participant whether caused by my negligence or otherwise. Should Encounter, or anyone acting on its behalf, be required to incur attorneys’ fees or costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

**AT THE TIME OF CONSIDERING OR EXECUTING THIS AGREEMENT, I WAS NOT AFFECTED OR IMPAIRED BY ILLNESS, USE OF ALCOHOL, DRUGS OR OTHER SUBSTANCES OR OTHERWISE IMPAIRED. I AM COMPETENT TO EXECUTE THIS AGREEMENT.**

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

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|   |   |
| Signature | Print Name  |
|    |   |
| Date |