

PARTICIPANT'S NAME (please print):

SEC- HAMSA ISRAEL PROGRAM 2017
AUTHORIZATION FOR PARTICIPATION,
MEDICAL TREATMENT, PAYMENT AND RELEASE

The health and safety of the participant is a primary concern of the program. A Medic will be on staff and access is always available to emergency facilities. In addition, members of the program are provided a medical insurance policy that covers visits to a list of private physicians and limited medication and hospitalization benefits during the course of our scheduled stay in Israel. In most cases, we feel that this coverage meets the normal health needs of our participants. In certain cases the full price of specialists, medication or treatments may not be covered. Any difference in such costs is the responsibility of the participant's parent(s) or legal guardian(s). Upon request, we would attempt to provide any appropriate paperwork required to assist the parent(s) or legal guardian(s) in obtaining any reimbursement possible from their family's health insurance policy. Payments related to eyeglasses, contact lenses, dental or orthodontic work, psychotherapy and treatment or therapy related to a previously existing condition are not covered by the policy and are the full responsibility of the participant's parent(s).

1. If and when the need for medical and/or surgical attention arises during the period of my child's official participation in the Sephardic Educational Center's *Hamsa Israel Program* I, _____, hereby grant permission for my child, _____, to be treated by qualified medical authorities at their discretion and that of the staff.

2. I, _____, give permission for the representatives of SEC to seek and provide medical services that are only partially covered, or are not covered by the program's medical insurance policy. I understand, in signing this form, that such an option will be exercised at the discretion of SEC's representative and, further, failure to exercise it will imply no negligence on the part of staff's leadership.

I further understand and agree that all charges resulting from such medical services will be paid by me within 30 days of billing for such medical services. I understand that such charges may include transportation to and from the physician's office or hospital; office visits; any examinations, x-rays or laboratory work required by the physician; the cost of any medications prescribed by the physician; and the cost of hospitalization and all attendant expenses, should it be necessary. I agree to pay all charges, regardless of whatever settlement my health insurance company may make over such a claim.

3. I, on behalf of my child and myself, and each of our respective heirs, family members, successors, guardians or legal representative, estates, trusts, trustees, agents and assigns, do hereby hold harmless and waive any and all claims against THE SEPHARDIC EDUCATIONAL CENTER, any of its officers, directors, trustees, employees, agents and/or volunteers, and/or any of their respective heirs, family members, successors, guardians or legal representatives, trusts, trustees and estates (collectively the "Released Parties"), arising out of ordinary negligence and related to or arising from any medical services provided, or the failure to provide any medical services, to my child. This hold harmless agreement includes claims related to personal injury, emotional distress, wrongful death, damage to personal property, or any other claim arising out of ordinary negligence that may be raised by me or my child related to the providing of or failure to provide medical services.

*I hereby give (name of participant) _____ permission to participate in the **SEC Hamsa Israel Program**. I agree to hold the leadership of the Sephardic Educational Center, its representatives and staff, harmless from any liability arising out of transporting and supervising, or any other activity pertaining to this program for the above named participant, and agree to indemnify the sponsors of the Sephardic Education Center's Hamsa Program and its employees for any costs for the above named participant which may arise in connection with this trip. I give my full permission for all treatment of any nature deemed necessary by doctors in Israel or USA to be extended to my child within the framework of the medical services provided by SEC leadership. I have read my child's statement above and agree to all its terms and conditions.*

FATHER (OR LEGAL GUARDIAN'S) SIGNATURE

MOTHER (OR LEGAL GUARDIAN'S) SIGNATURE

DATE

**** THIS FORM IS NOT VALID UNTIL IT HAS BEEN SIGNED BY BOTH PARENTS AND/OR GUARDIANS ****