

Participant Statement and Agreement

1. I hereby enroll and wish to participate in the International Summer Science Institute (ISSI) of the Davidson Institute of Science Education (Davidson) at the Weizmann Institute of Science (WIS). I understand this application and the program is facilitated by the American Committee of the Weizmann Institute of Science (ACWIS), a not-for-profit organization incorporated in the State of New York.
2. In order to participate in the ISSI, I understand that a condition is to have read, understand and sign this Participant Statement and Agreement ("Agreement"). I agree to the terms of this Agreement voluntarily and have freely chosen to participate in the ISSI upon my own initiative, risk and responsibility.
3. I am aware of the risks of travel worldwide, including risks associated with my safety and security. These risks include, but are not limited to, property damage and loss, death or injury by accident, disease or acts of third-parties ("the Risks").
4. I am voluntarily participating in the ISSI, with a full understanding of the Risks and I agree to accept any and all other risks to my safety and security during the course of my participation in the ISSI. I acknowledge and affirm that, regardless of any security arrangements that the WIS may provide, it cannot and does not guarantee my safety, cannot ensure my safety and is not, therefore, responsible for my personal safety or the safety of my property while participating on the ISSI or any ISSI-related or non-ISSI-related activities, including, but not limited to airline travel, ground transportation, meals, lodging and recreational activities.
6. I represent that I am in physical and mental conditions that will allow me to participate in the ISSI without undue risk to myself or others and that I have medical insurance that will cover me for any accidents, illnesses, treatments or hospitalizations while I am participating in the ISSI. I understand that should I have to return home to the United States before the end of the ISSI due to any of these accidents, illnesses, treatments or hospitalizations, I am responsible for the costs of travel and will not be refunded any travel payments made for the ISSI. As further evidence of my fitness, I am submitting a Physician's Statement stating

the same. All medications that I take regularly are at my expense and have been detailed in the Physician's Statement.

7. I am able to and do assume full responsibility for my own health and well-being while participating in the ISSI. I understand that WIS is acting in reliance on these representations and is allowing me to participate in the ISSI because of my and my physician's representations regarding my physical and mental conditions.
8. I am aware that the ISSI is a multicultural program and thus the activities during the weekends are not specifically tailored to Shabbat observers. I am also aware that all weekend trips are **obligatory** and constitute an essential social and educational part of the program.
9. I acknowledge the fact that usage of or involvement with **liquor, drugs or narcotics or anti-social behavior may be cause for immediate dismissal** from the program; if dismissed, I am responsible for the costs of travel home and will not be refunded any payments made for the ISSI.
10. In light of the above and in consideration of being permitted to participate in the ISSI, I hereby release and forever discharge ACWIS, WIS, Davidson, their respective subsidiaries, affiliates, predecessors, successors and assigns and all of their respective past, present and future officers, directors, employees, agents and contractors, and their respective heirs, executors, administrators, successors and assigns (collectively, the "Releasees"), from any and every claim which might arise from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death or property damage resulting or alleged to result from any accident, incident or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the ISSI or any activities in connection with the ISSI. If any third party should bring legal action against any of the Releasees as a result of my participation in the ISSI, I agree to indemnify those Releasees and hold them harmless from any loss, liability, damage and cost (including attorney's fees) that they may incur.
11. This Agreement contains the entire agreement between the parties to this Agreement and may only be modified in a writing signed by an ACWIS officer or director. This Agreement supersedes any prior or contemporaneous agreements, understandings and negotiations regarding its subject matter. This Agreement shall be interpreted and enforced in accordance with the laws of the State of New York and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue on full force and legal effect. It is binding upon my estate, my heirs and my personal representatives.

12. I am at least 18 years of age, have carefully read the foregoing Agreement, understand its contents and acknowledge that this is a release of liability and as such is a binding and fully enforceable contract between me and WIS. I acknowledge that I have had the opportunity, if I so desired, to have this Agreement reviewed by my lawyer.

Print Name: Eitan Zemel

Signature: E.Z.

Initialing here constitutes as a signature for this form

Date: 03/01/2023
(mm/dd/yyyy)

Parental Consent

[required for Participants under the age of 18 and/or covered by parent's medical insurance]

1. I have reviewed the above **Participant Statement and Agreement** and agree to the terms stated.
2. I hereby consent to my son/daughter enrolling and participating in the ISSI.

Print Name: Sarah Zemel

Signature: S.Z.

Initialing here constitutes as a signature for this form

Date: 03/01/2023
(mm/dd/yyyy)