



A STUDENT'S LEADERSHIP MISSION TO POLAND
MAY 22-29, 2006

APPLICATION Instructions

You must:

1. be a college or university student 18 to 26 years of age, enrolled in a full-time degree-granting program at an accredited institution for the 2005-2006 academic year, and demonstrate that you are in good academic standing.
2. submit two letters of recommendation with the application. At least one letter should be from a faculty member at the college or university that you attend.
3. submit a 300 to 500 word essay explaining why you want to participate in the March of Remembrance and Hope. Include in this essay why you think the MRH is an important program, what qualities you have that would make you a good participant, and what you expect to gain from the experience.
4. make a commitment to participate in the educational component of the program prior to and during the trip.
5. demonstrate a commitment to continue to raise awareness of the Holocaust and promote better cross-cultural relations on campuses and in your local communities following the program.
6. agree to abide by the code of conduct established by the March of Remembrance and Hope.
7. submit a fully completed application package, including:
 - two letters of recommendation
 - two fully completed medical forms
 - signed code of conduct
 - signed liability agreement
 - two passport-type photos of yourself affixed to the front of the application. ***Please print your name on the reverse side of each photo.***
 - a deposit of \$250 US. Checks should be made payable to "March of the Living". (NOTE: Please do not make checks payable to March of Remembrance and Hope.) The deposit will be returned to students not accepted to the program. The fee for the trip for each participant is \$2,250 US. This does not include Polish visa (if required), gratuities, insurance, travel to

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and from the New York area and other incidental expenses. (See “Terms and Conditions” for details.)

Upon completion, please photocopy the application form and all supporting documents for your records. Submit the application package to the MRH representative on your campus.

Please direct any questions to **info@MOL2005.org**

Deadline for application: **PLEASE VERIFY WITH YOUR CAMPUS REPRESENTATIVE THE DEADLINE** for receipt of this application package. Campus representatives must send all material to MRH no later than January 15, 2006.

Application Page 1

PLEASE TYPE OR PRINT YOUR ANSWERS CLEARLY.
ALL QUESTIONS MUST BE ANSWERED IN FULL.

I APPLICANT INFORMATION

1. Name of Applicant _____
Mailing address at school _____
Permanent mailing address _____
E-mail _____ Telephone _____
Citizenship(s) _____
Date of birth _____ Age _____ Gender (*circle one*) F M
Passport No. _____ Country _____ Expiration _____

2. Name of Father _____ Occupation _____
Home address _____
Business address _____
Home phone _____ Business phone _____

3. Name of Mother _____ Occupation _____
Home address _____
Business address _____
Home phone _____ Business phone _____

4. Name of Legal Guardian (*if applicable*) _____
Occupation _____ Phone _____
Home address _____

5. Person to contact who will be home from May 21-29, 2006 — in case of emergency

Name _____ Relationship to applicant _____
Phone _____ Cell phone _____ E-mail _____

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Application Page 2

II ACADEMIC STATUS

Name of college or university

Major

(Circle one) Graduate Undergraduate Year of Study _____

III PERSONAL PROFILE

1. Please tell us something about the activities you are (or have been) involved in at university or college.

2. What are your special interests and hobbies?

3. Describe how you see yourself, both your strengths and weaknesses.

4. Describe how others see you, both strengths and weaknesses.

5. If you could bring only three items on this trip (aside from basic necessities) what would you bring and why?

VII ESSAY

On a separate sheet of paper, write a 300 to 500 word essay, describing what life experiences you have had that have influenced your decision to apply to the March of Remembrance and Hope. Include in this essay why you think the March of Remembrance and Hope is an important program, what qualities you have that would make you a good participant, and what you expect to gain from the experience. Attach the essay to the application.

NOTE:

- *All submissions become the property of the March of Remembrance and Hope.*
- *It is understood that not all applicants will be accepted to the program. Acceptance based on the program criteria will be awarded according to merit.*
- *All acceptances are provisional. The March of Remembrance and Hope reserves the right to rescind acceptance.*

PLEASE DO NOT WRITE BELOW THIS SPACE — FOR OFFICE USE ONLY

March of Remembrance and Hope – Application

Name of Applicant: _____

LETTER OF RECOMMENDATION

TO THE APPLICANT: *Please ensure that this form is submitted with your application*

Applicant's Name:

This student is applying to participate in the March of Remembrance and Hope, scheduled to take place from May 22-29, 2006. The program is educational in nature and is designed to allow the student to learn first-hand about the Holocaust through a direct encounter with the subject in Poland. The program will be strenuous – physically, intellectually and emotionally. We are interested in your candid evaluation of the applicant's abilities, motivation and maturity.

Can the applicant undertake such an intense program in a group framework that requires cooperation and responsibility?

The program's success is based on the participant functioning in a group setting with sensitivity and the ability to compromise and share. In addition, the applicant will have to adapt to the social and physical conditions of a foreign country.

If necessary, you may use additional sheets for your response. The information is confidential.

Please return this applicant in a sealed envelope.

NAME (please print):

ADDRESS:

TITLE OR POSITION:

INSTITUTION:

COMMENTS:

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Name of Applicant: _____

Letter of Recommendation No. 1

LETTER OF RECOMMENDATION

TO THE APPLICANT:

Please ensure that this form is returned TO YOU IN A SEALED ENVELOPE and submit it with your application

Applicant's Name:

This student is applying to participate in the March of Remembrance and Hope, scheduled to take place from May 22-29, 2006. The program is educational in nature and is designed to allow the student to learn first-hand about the Holocaust through a direct encounter with the subject in Poland. The program will be strenuous – physically, intellectually and emotionally. We are interested in your candid evaluation of the applicant's abilities, motivation and maturity.

Can the applicant undertake such an intense program in a group framework that requires cooperation and responsibility?

The program's success is based on the participant functioning in a group setting with sensitivity and the ability to compromise and share. In addition, the applicant will have to adapt to the social and physical conditions of a foreign country.

If necessary, you may use additional sheets for your response.

The information is confidential. *Please return this form to the applicant in a sealed envelope.*

NAME (please print):

ADDRESS:

TITLE OR POSITION:

INSTITUTION:

COMMENTS:

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March of REMEMBRANCE and HOPE

Name of Applicant: _____

Letter of Recommendation No. 2

Medical form instructions

MEDICAL QUESTIONNAIRE

PLEASE NOTE: *The medical forms must be completed in order for you to participate in the March of Remembrance and Hope*

- 1) Please complete the **Personal Medical History**
- 2) If you have a physical or psychological health problem that may pose a risk if you participate in MRH, please discuss this with your doctor.
- 3) **The Physician's Form** must be completed and signed by your doctor and returned with your application by January 15, 2006, or under separate cover no later than January 30, 2006.
- 4) A physician will be available to MRH participants while in Poland. Emergency equipment and medical supplies will be carried in limited quantities. If you are taking medication regularly or occasionally, please bring enough for the duration of the trip.
- 5) Please ensure that you have health coverage that is effective overseas. This is mandatory, you must provide proof of this coverage.
- 6) If you are a Canadian citizen: Extended Health Care/Out of Province Medical Insurance is mandatory. In the unlikely but possible event that local medical emergency facilities and/or transportation or medical evacuation is needed, Canadian Provincial Health Insurance may not cover these expenses. This insurance must be purchased by Canadian MRH participants, with the exception of those who already have extended coverage through an existing medical plan. Please provide proof of your extended coverage.

All medical forms and information relating to participants and leaders will be kept by MRH in the strictest confidence.

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PERSONAL MEDICAL HISTORY

To be completed by every student and leader and returned with the application.

Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____

Phone: (_____) _____ E-mail: _____

Health insurance company: _____

Policy No.: _____

Name of Applicant: _____

Medical form No. 1

HAVE YOU EVER HAD	Yes	No	IF YES, WHEN DO YOU HAVE:	COMMENTS
Heart Disease				
Lung Disease				
Asthma				
Diabetes				
Reaction to Anaesthetic				
Stomach Problems				
Arthritis				
Hepatitis / Jaundice				
Thyroid Condition				
Epilepsy				
Ear Problems				
Eye Problems				
Bleeding Disorder				
Drug Addiction				
Psychological Counseling				
Eyeglasses				
Contact Lenses				
Dietary Restrictions				
Physical restrictions				

ALLERGIES

If You have allergies, please list them:

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VACCINATIONS	Yes	No	Date
Polio			
Tetanus			
Measles			
Mumps			
Rubella			
Hepatitis B			

Recent Tetanus/Polio booster is mandatory

What medications are you currently taking?

List any ongoing medical problems:

List any surgery you have undergone:

Please mention any other medical conditions you would like the MRH staff to made aware of:

PHYSICIAN’S FORM

To be completed by the applicant’s physician and returned with the application.

Dear Doctor:

Your patient is planning to participate in the March of Remembrance and Hope, an educational program which will take place May 22-29, 2006, in Poland. The program will be physically and emotionally strenuous.

Please complete the medical report below and indicate whether, in your opinion, this patient is medically fit to participate in this program. Should you need further information about the March of Remembrance and Hope, please call 201-833-1674.

Name of Applicant: _____

Medical form No. 2

A physician will be available to the participants throughout the journey.

EXAMINATION	NORMAL	ABNORMAL	DESCRIBE ABNORMALITY
Head / Neck			
Cardiovascular			
Respiratory			
Abdomen / GI			
Neurological			
Muscular / Skeletal			
Gynecological			
Mental Status			

NOTES ON ABNORMAL FINDINGS:

SIGNIFICANT PAST MEDICAL OR EMOTIONAL PROBLEMS:

MEDICATIONS:

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VACCINATIONS	DATE
Measles	
Mumps	
Rubella	
Hepatitis B	
Diphtheria	
Tetanus	
Polio	

Note: A recent Tetanus / Polio booster is mandatory.

Allergies / sensitivities:

Suggested prevention / treatment:

Dietary restrictions:

In your opinion, does the patient's present state of mental and physical health permit his or her participation in the March of Remembrance and Hope? **Yes** _____ **No** _____

Signature of Physician: _____ Date: _____

Name of Physician: _____ Phone: (____) _____

Address: _____

CODE OF CONDUCT

- I understand that the March of Remembrance and Hope is an educational program that is scheduled to take place from May 22-29, 2006. In order to ensure that I will derive the greatest benefit from this experience and to help ensure the safety and security of all participants, *I agree to the following Code of Conduct* during all preparatory sessions and the trip itself.
- I will not use alcohol during scheduled program time or where prohibited by law.
- I will not use drugs other than those prescribed by a physician. I also agree to inform the March of Remembrance and Hope staff of any medication that I take on a regular basis.
- I will not smoke where prohibited and during all scheduled activities including bus travel.
- I will not use any means of transportation other than that sanctioned by the March of Remembrance and Hope.
- I will not gamble.
- I will respect all areas that are deemed off limits.
- I will participate in all programs.
- I will be on time for all events.
- I will remain with the group at all times except during designated free times, and I will not leave the group without a leader’s permission.
- I understand that participants are expected to respect themselves and others and act accordingly.
- I understand that absolutely no room changes may be made in any hotel during the trip.
- I will be responsible for my own luggage, including carrying it to and from my hotel room.
- I understand that violation of any of these rules will result in disciplinary action. I realize that the leaders of the March of Remembrance and Hope are authorized in all instances of inappropriate behavior to make whatever decisions are necessary to ensure the safety of participants and the success of the trip, including being sent home at my own expense.
-

SIGNATURE: _____

DATE: _____

Name of Applicant: _____

NAME OF APPLICANT: _____

MARCH OF REMEMBRANCE AND HOPE 2006 TERMS AND CONDITIONS

The **March of the Living/March of Remembrance and Hope** is an international, educational program catering to people from all over the world and of many ages and backgrounds. The focal point of the program is a mission to Poland where participants visit sites pertaining to the Nazi Holocaust as well as the cities and villages where pre-war Jewish life has thrived. The major educational mission of the program is to educate participants of the need to combat hatred at all costs so that humanity can ensure that Never Again shall such acts of murder and hatred go unchallenged. For some groups the program continues in Israel where participants serve as witnesses to the rebirth of a modern Jewish state as they visit the historical landmarks around the country.

In participating in this Program, you understand, consent and agree to the following, which shall be a precondition of your participation:

1. March of the Living 2006, The International Center for the Study of Jewish Heroism, Inc., and their owners, employees, agents, representatives, officers, board of directors, individual directors, managers, partners, parents, attorneys, heirs, executors, administrators, servants, successors, sureties, affiliates, subsidiaries, joint venture members, assigns and others providing the Program, and all organizations that may provide funding or other financial assistance to March of the Living (“Lenders”), (collectively referred to as “March of the Living”), are organizing and offering the Program for educational purposes only. You agree that you will participate fully in all aspects of the Program, and that your participation shall be limited to such educational purposes.

2. You warrant that there are no prohibitions or other limitations imposed on you by any government or authority that would restrict or otherwise affect your ability to participate in the Program or travel to the destination countries. You warrant that you possess a passport that will be valid at the time of travel, and that will remain valid for at least six months thereafter.

3. You acknowledge that you are expressly aware that there have been terrorist attacks and other violence and unrest in some of the areas where you will be traveling in connection with the Program, which increase the risk to your life and safety, particularly in Israel. You understand that several countries have issued travel warnings for areas in the Middle East, as for example the United States Department of State. By participating in the Program, you are voluntarily assuming the risks of travel to such areas. If you reside outside the United States, please check with the appropriate governmental authority of your country concerning travel warnings for areas to which you will be traveling.

4. You acknowledge that travel of any kind and other types of activities to which you will participate in the Program involve inherent risks to your health and safety. You acknowledge that you are participating in the Program, its activities and the required travel voluntarily, and understand, assume and accept the dangers and risks involved. You hereby remise, release and forever discharge March of the Living from any liability or responsibility for any injury, illness, death, loss, liability or damage to your person or property directly or indirectly arising from your participation in the Program, including those caused by terrorism, travel, acts of governments or authorities, war (declared or undeclared), political unrest, civil disturbances, riots, strikes, insurgencies, customs regulations, criminal activity, disease, epidemics, labor disputes, natural disasters, acts of God and all other occurrences beyond the control of March of the Living, and further agree not to join, assist or act in concert with any person or entity seeking to recover any liability or responsibility remised, released or discharged hereunder.

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5. You agree that you will cooperate with and abide by all safety and security precautions undertaken or promulgated by March of the Living, and that failure to do so shall be at your own risk and without liability to March of the Living.

6. You acknowledge that you have been advised that the Program may at times require vigorous physical effort and exertion. You represent that you have consulted with and fully disclosed all known medical conditions to a physician of your choice, and have been advised by such physician that you are in good health, do not suffer from any physical ailment or disability that requires or could require any medical or surgical treatment or care that could render your participation in the Program hazardous, unwise, unwarranted or otherwise dangerous to you or anyone else participating in the Program or otherwise traveling or housed with you. You warrant that you have completed the required medical forms completely and accurately, and that all medications are listed with proper detail. You shall maintain medical insurance coverage that will remain valid in the areas to which you will travel during the Program, and that is sufficient to cover any doctor's visits, hospitalizations or emergency room visits. In the case of any medical emergency, you hereby empower March of the Living to hospitalize or secure treatment for you, release any medical records in its custody, and otherwise authorize medical treatment on your behalf, including but not limited to surgery and anesthesia. You recognize and agree that you will be ultimately responsible and liable for payment of any medical bills and costs incurred by you or on your behalf during the Program.

7. You acknowledge that March of the Living may contract with or engage certain non-affiliated third-party entities and individuals ("Vendors"), such as transportation and accommodation companies, in connection with this Program. You understand, consent to and agree that March of the Living is not the employer or principal of any Vendors and that March of the Living assumes no liability or responsibility and makes no guarantees regarding the operations of the Vendors or any of their employees, agents and contractors, and shall not be liable or responsible for the errors, omissions or acts of any Vendors or their employees, agents and contractors. In relation therewith, you hereby waive any liability, actions, claims or suits against March of the Living arising out of or in connection with the operations, errors, omissions or acts of any Vendors and their employees, agents and contractors.

8. You acknowledge that any information provided by you to March of the Living has been provided voluntarily. You also acknowledge that March of the Living may be required to submit or disclose certain personal information provided by you to Vendors and other parties, including various national and foreign governmental entities, and you hereby authorize March of the Living to make such submissions and disclosures without any liability for the same.

9. You hereby remise, release and forever discharge March of the Living from any and all losses, claims, damages, costs, penalties, expenses or other liabilities, including but not limited to reasonable attorneys' fees and costs, that you may incur directly or indirectly as a result of your participation in the Program, arising from any cause, including but not limited to March of the Living's negligence, acts or omissions of Vendors or other third parties, and/or any other cause not constituting willful misconduct by March of the Living.

10. You acknowledge that travel often involves unexpected delays, modifications, curtailments or unanticipated arrangements. March of the Living shall not be liable or responsible for any loss or damage that you may sustain to your person or property by reason of any delay, modification, curtailment or unanticipated arrangement pertaining to the services or facilities to be provided by March of the Living or any Vendor in connection with your participation in the Program. You agree to procure and maintain travel insurance sufficient to cover such risks.

11. You understand and agree that the Program is limited to the activities and time period designated by March of the Living. Should you choose to derogate from those activities or time periods, or should you choose to extend or shorten your stay at any of the locations that are part of the Program, the same shall be at your own expense and risk. You agree that March of the Living shall not be responsible or held liable in any manner for your travel and activities outside the scope of the Program, and shall not be responsible for any accommodations, travel or meals in relation therewith.

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12. You acknowledge that March of the Living has the sole authority to reject any person from participation in the Program, and that it may, in its sole discretion, cancel or reject any applicant or participant for whatever reason it deems necessary. You acknowledge that you may be removed from the Program at any time, in March of the Living's sole discretion, for a variety of reasons, including but not limited to: (1) having provided incorrect, false or otherwise misleading information in your application or during the approval process; (2) use, possession or transportation of illegal drugs, drugs not prescribed by a physician or other contraband materials, including alcohol where applicable; (3) consumption of alcohol deemed excessive in the sole discretion of March of the Living; (4) failure to abide by the laws of the country being visited; (5) acts of violence, vandalism or other social disorder; (6) failure to disclose the onset of medical conditions or disabilities rendering your participation in the Program hazardous, unwise, unwarranted or otherwise dangerous to you or anyone else participating in the Program or otherwise traveling with you; (7) failure to comply with this Agreement, the Terms and Conditions, or other policies, rules and regulations promulgated by March of the Living; or (8) acts that are deemed, in March of the Living's sole discretion, otherwise unacceptable, detrimental to or incompatible with the Program or otherwise dangerous or incompatible with the safety, health, compatibility, comfort, welfare or interests of the Program and its participants.

13. You acknowledge and agree that if you are removed from the Program for any reason listed under paragraph 12, above, you shall be solely responsible for the costs and expenses incurred after the date of such removal, including but not limited to all transportation, accommodations and meals, and you shall reimburse any and all expenses advanced or expended by March of the Living on your behalf as a result of your removal and/or acts subjecting you to such removal. You acknowledge and agree that if you are removed from the Program for any reason listed under paragraph 12, above, your program fees and any other expenses incurred will not be refunded, and you hereby waive any claim or right you may have to the same. In addition, you agree that you shall indemnify, defend and hold harmless March of the Living from any loss, claim, damage, cost, penalty, expense or other liability, including but not limited to reasonable attorneys' fees and costs, that March of the Living may incur arising out of or related to: (i) the acts subjecting you to removal from the program; or (ii) the breach of any of the provisions of this Agreement.

14. You acknowledge that you have read, understand and agree to be bound by the terms of this Agreement, the Terms and Conditions, and any policies, rules or regulations promulgated by March of the Living. Such Terms and Conditions, policies, rules and regulations may be amended, supplemented, revised, superseded or otherwise modified in the sole discretion of March of the Living from time to time, of which you will be provided notice and agree to be bound. You agree that your continued participation in the Program following notice of such modifications shall constitute acceptance of the same.

15. You acknowledge and agree that a \$250 deposit is due on January 15, 2006 with your application, that 50% of the remaining cost is due on February 15, 2006, and that the remaining balance is due on March 15, 2006. You acknowledge and agree that the cancellation policy is as follows:

- Cancellation between February 15, 2006 and March 15, 2006 - \$100 penalty;
- Cancellation between March 16, 2006 and April 15, 2006 - \$400 penalty;
- Cancellation between April 16, 2006 and May 16, 2006 - \$600 penalty; and
- Cancellation after May 16, 2006 – no refund unless March of the Living cancels the Program.

16. You acknowledge and agree that this Agreement shall be construed and governed by laws of the State of Israel, without regard to conflict of law principles.

17. You acknowledge that March of the Living is not an insurer and has not provided or procured insurance on your behalf. You have read and understand this Agreement and the Terms and Conditions, and acknowledge that you are signing this Agreement under your own free will and without coercion or influence of any kind. You acknowledge that your entering into this Agreement is solely based on the contents within, and that you are not relying on any representation, oral or written, by March of the Living, other than that expressly contained herein.

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I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS WAIVER AGREEMENT, AND THAT BY SIGNING SAID AGREEMENT I AM WAIVING CERTAIN RIGHTS OF RECOVERY THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE, AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED HEREIN:

Signature: _____

Name (Printed) _____

Age _____

Date _____

¶ If the participant is below the age of 18 years, the signatory certifies that he/she is the parent or legal guardian of the above participant-minor and consents to said minor's participation in the Program by executing this Participation and Waiver Agreement. The signatory hereby acknowledges that he/she has read and understands this Participation and Waiver Agreement, and agrees on behalf of said minor and himself/herself to be bound by the terms and conditions contained herein.

Emergency Contact May 21-30, 2006

Name: _____ Relationship to Participant: _____

Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Name of Applicant: _____

NAME OF APPLICANT: _____

TERMS AND CONDITIONS

1. Purpose:

March of the Living 2006 is an educational program that is intended to bring together many thousands of people of differing ages and backgrounds in a foreign country with specific logistical and security concerns. All participants shall adhere to the Participation and Waiver Agreement and the Terms and Conditions herein at all times during the course of all March of the Living programs, whether in the participant's country of origin, Poland or Israel. This is intended to ensure that you and all participants in the Program derive the greatest possible benefit from the Program and provide for the safety and security of all involved.

2. The Program Fee may include the following items (it being acknowledged by the participant that the actual items and services included within the Program Fee are those specifically established in the agreement between March of the Living and participant's sponsor group):

Hotel accommodations based on shared rooms, meals (breakfast, boxed lunch, and dinner), roundtrip air transportation from one of our hub-cities (to and from Poland and/or to and from Israel) if applicable, land travel in Poland including airport transfers for entire groups to and from hotel, entrance fees to sites, guides, special activities as quoted in the itinerary and gratuities to guides, bus drivers, bellhops, and chambermaids. March of the living will make every attempt to adhere to the itinerary. However, March of the Living will not be held liable if circumstances necessitate changes.

March of the Living can accommodate Kosher and vegetarian diets. March of the Living regrets that it is unable to accommodate other specialized dietary needs.

3. The Program Fee specifically does NOT include anything not listed in paragraph 2, above. Items excluded from the Program Fee include, but are not limited to:

Charges for passport fees, visa fees, departure taxes, excess luggage charges, transportation to and from hub-cities before and after Program

departure, insurance of any kind, alcoholic and specially ordered beverages with meals, laundry charges, telephone and room service bills, individual hotel transfers and departures at transfer points, and items of a purely personal nature.

4. Travel to Israel:

You acknowledge that you have received notice that the United States Department of State has issued a Travel Warning for the areas of Israel, the West Bank and Gaza, dated August 3, 2004. You acknowledge that you have read that Travel Warning, located at http://www.travel.state.gov/travel/israel_warning.html, and are aware of and are assuming the risks of such travel to, from and within those areas on your own volition and without liability to March of the Living.

For citizens of countries other than the United States: You acknowledge that you have checked with the appropriate governmental authority of your country concerning any travel warnings to our areas of travel.

5. Applications:

You acknowledge and agree that March of the Living has the right to accept or reject any applicant for participation in the Program.

6. Insurance:

Cancellation insurance is advised and medical insurance for overseas travel is required. March of the Living cannot and will not be responsible for costs incurred from circumstances leading to unforeseen medical or travel expenses that may become necessary during the Program. We recommend that you contact a major travel insurance agent or provider whom you or your local travel agent may be familiar.

7. Program Materials and Participation:

March of the Living 2006 is an educational program with the goal of assisting participants in learning the lessons of the Holocaust. You are expected to read all Program materials distributed by March of the Living. You are expected to satisfactorily participate in all Program activities, including the educational component of the

Program occurring prior to departure. You must demonstrate a commitment to raise awareness of the Holocaust and promote the development of a more tolerant and hate-free global community.

You must be at least 18 years old at the time of departure to participate in the Program. **Those who are not 18 years old at the time of departure must be accompanied by an adult at all times.**

8. Cancellation by March of the Living:

March of the Living reserves the right to cancel the Program and/or your participation at any time prior to departure, for any reason. March of the Living reserves the right to cancel your participation at any time, for any reason. In the event of cancellation other than for the reasons set forth in the Participation and Waiver Agreement, unspent monies will be refunded with the understanding that you shall not be entitled to and hereby waive the refund of funds already expended on your behalf at the time of cancellation, but we cannot and will not be held responsible for additional costs incurred by participants.

9. Responsibility:

March of the Living is acting only as your facilitator in arranging for the services included in the Program Fee, described above. As a result, all coupons, receipts or tickets are issued subject to the terms and conditions specified by the Vendor or supplier. By accepting a place in the Program, you agree that March of the Living shall not be liable or responsible for the acts or omissions of any Vendor or supplier, including but not limited to any airlines, bus and shipping companies, suppliers of accommodations or other services, or for damages or injuries resulting from any cause whatsoever beyond the control of March of the Living, and shall not be responsible for any additional expenses to you as a result of such causes beyond its control.

10. Right of Publicity:

You hereby give March of the Living, its agents and organizations deemed appropriate by them permission to post or publish your name and any quotes, articles, thank-you letters, or photographs, etc. related to your participation in the Program, in whole or in part, without compensation, on March of the Living's website, on any pages of a Lender's website and in any promotional materials prepared for or on behalf of March of the Living. You understand that the use of your name, quotes, articles, thank you letters, or photographs, etc. will

not include your address and that your address will not be disclosed to third parties in the course of preparing your name, quotes, articles, thank-you letters, or photographs, etc. for posting or publishing. You understand that this permission is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that you may have in your name, quotes, articles, thank-you letters, or photographs, etc., and you hereby waive any right to compensation for the same.

11. Resolution of Disputes:

March of the Living shall have the power to resolve any disputes between Program participants, and any decisions made by March of the Living shall be final and binding.

12. Wheelchair Access:

Most facilities in Poland are not wheelchair accessible. Accordingly, March of the Living regrettably cannot offer the Program to individuals that are wheelchair bound.

13. Code of Conduct: You and all participants shall adhere to the following code of conduct:

- You will use alcohol responsibly and will not use any drugs illegal in the country that you are visiting.
- You will not smoke in prohibited areas or during scheduled Program activities, including bus travel.
- You understand that all participants are expected to respect themselves and others, and to act accordingly.
- You accept full responsibility for your luggage and other possessions.
- You recognize that the leaders of the Program are authorized in all instances of inappropriate behavior to make whatever decisions deemed necessary, in March of the Living's sole discretion, to ensure the safety of Program participants and the overall success of the trip, including your removal from the Program at your own expense.
- You acknowledge that, in order for the Program to be successful, it is important that activities be on schedule, and you will make your best effort to be on time for Program events and departures. March of the Living reserves the right to cause buses and other means of transportation to depart without all participants in instances of excessive lateness.