



Thank you for joining AJC for the **Allianz-AJC Third Generation Initiative in Affiliation with Germany Close Up** from June 22 to July 1, 2018. As part of your registration, please sign and return the attached Release and Permission Agreement to AJC. No tickets, reservations or bookings can be made on your behalf without signed acceptance of these terms. We look forward to seeing you in Germany!

AMERICAN JEWISH COMMITTEE (AJC) RELEASE AND PERMISSION AGREEMENT

I, as the undersigned _____ (*print name*) hereby acknowledge that American Jewish Committee (“AJC”) has arranged for me to participate in the Allianz-AJC Third Generation Initiative in Affiliation with Germany Close Up (the “Program”) during the period June 22 to July 1, 2018. In consideration of joining the Program, I agree to this Release and Permission Agreement.

NOTICE OF RISK OF TRAVEL

I am aware of the risks of travel to Germany, including risks associated with my safety and security. I have read, or have had the opportunity to read, the United States Department of State’s Travel Warning(s) for Germany, found at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/germany-travel-advisory.html>.

I am voluntarily participating in the Program with a full understanding of these risks, and I assume and agree to accept all risks to my safety during the course of participating in the Program. I acknowledge that, notwithstanding any security arrangements made by AJC or any other party, AJC cannot guarantee my personal safety and property while participating in the Program or Program-related activities, including airline travel, ground transportation, meals, lodging, recreational activities and other activities.

I agree to abide by all guidelines and instructions given to Program participants by AJC’s representatives during the Program. I understand that when AJC or its representatives warn against visiting certain areas that means AJC has been advised that visiting such areas could be dangerous, and I understand that AJC firmly requires that I honor these directions; should I elect otherwise, *I should recognize that my safety could be imperiled and that I may be exposed to greater risk.*

INSURANCE

I UNDERSTAND THAT AJC DOES NOT PROVIDE INSURANCE COVERING TRIP CANCELLATION OR MEDICAL CARE WHILE I AM ON THIS TRIP. I FURTHER UNDERSTAND THAT AJC DOES HAVE SOME COVERAGE FOR ACCIDENTAL INJURY, BUT THAT AJC CANNOT BE RESPONSIBLE FOR MEDICAL OR EVACUATION COSTS. ACCORDINGLY, I UNDERSTAND THAT AJC STRONGLY RECOMMENDS THAT I PURCHASE TRAVEL INSURANCE WHICH PROVIDES COVERAGE FOR CANCELLED FLIGHTS, MEDICAL CARE ABROAD, AND, IF NECESSARY, MEDICAL EVACUATION.

MEDICAL CLEARANCE

I have consulted a physician of my own choice and has been advised that I am in good health, do not suffer from any physical or mental ailment which would make travel and/or participation in the Program hazardous, unwise, unwarranted or a potential source of danger to me or others. I do not have any information as to my physical or mental condition which I have not disclosed to said physician. If I require AJC’s assistance with medications, allergies, etc., I understand that I am responsible for contacting the AJC staff member in charge of the Program.

In the event I experience any injury, incapacity or illness, AJC will use its reasonable best effort to

contact my emergency contact as soon as practicable. However, if AJC is unable to communicate with the contact, or in case of an emergency, I authorize AJC to consent to medical treatment on my behalf.

RELEASE, WAIVER AND HOLD HARMLESS

In light of the above and in consideration of being permitted to participate in the Program, I do, for myself, my spouse, my heirs, my executors, my administrators, and my assigns, release and forever discharge AJC and its affiliates, predecessors, successors, and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, and agents, and their respective heirs, executors, administrators, and assigns (collectively, the "Releasees"), of and from any and every claim arising 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, or other episode that may occur, whether based on the negligence of, or the breach of contract by, any Releasee or any other party for whose acts 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 Program or any activities in connection with the Program.

I understand that AJC relies on independent contractors to provide services to this Program, including but not limited to hotel operations, transportation and security services, and I agree that the Releasees are not responsible for any negligence of those contractors or their employees.

MODIFICATION OF ITINERARY

I understand that AJC is authorized to alter or modify the itinerary or any of the arrangements made by it with respect to my participation in the Program, when and if it shall be deemed necessary or advisable, without any prior consent. I further understand and agree that the Releasees shall not be liable or responsible to me for any loss, theft, or damage due to the modification, curtailment, or cancellation, in whole or in part, of any of the arrangements furnished in connection with my attendance in the Program.

CHOICE OF VENUE AND LAW

Any and all claims against the Releasees, whether arising in contract, tort or other body of law arising under or relating in any manner to my participation in the Program or relating to this Release and Permission Agreement, as well as any claim asserted by me or anyone claiming a right derived from me against AJC, shall be brought only in the Supreme Court of the State of New York, County of New York, or the United States District Court for the Southern District of New York. All such claims shall be governed by the laws of the State of New York without giving regard to conflict of law principles.

This Release contains the entire agreement between the parties to this Release. This Release supersedes any prior or contemporaneous agreements, understandings and negotiations regarding its subject matter. This Release 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 provisions of this Release are held invalid, it is agreed that the balance shall notwithstanding continue in full force and legal effect.

PERMISSION TO PHOTOGRAPH, PUBLISH AND USE LIKENESS

In consideration of being permitted to participate in the Program, I grant AJC and its licensees, agents, representatives and any other parties that AJC authorizes to operate, contribute to or otherwise participate in the Program the right to photograph, videotape, and otherwise record me, any actions that I take, and any statements that I may make during, or in connection with, the Program, and to reproduce, publicly display, publicly perform, distribute copies of, and create derivative works based on (i) the results of all such activities (the “Results”), and (ii) any written statements, photographs, or other materials that I may create in connection with the Program (“Materials”), in all forms and media, to document or promote the Program, to promote AJC and its activities in general, and for any other purpose that AJC considers appropriate at any time. I authorize AJC to identify me by my full name and the name of the city where I live as part of, or in connection with, any Results or Materials. I waive any rights I may have with respect to any Results, Materials, or use of my name, including, without limitation, any moral rights and any right to review or approve any Result. I release AJC and its successors and assigns from any claims I may have arising out of their exercise of the rights listed above, including, without limitation, claims for invasion of privacy, violation of the right of publicity, defamation, and copyright infringement.

MY ACKNOWLEDGEMENT OF REVIEW AND UNDERSTANDING

I agree that this release shall be binding on me and my spouse, executors, administrators, legal representatives, heirs, and assigns. I represent that I have read the foregoing and fully understand the meaning and effect thereof, and, intend to be legally bound by its terms.

SIGNATURE OF PARTICIPANT NAMED ON THIS APPLICATION

_____ Signature	_____ Print Full Name as it appears on Passport
Date: _____	Country and Issue and Citizenship: _____
Passport #: _____	Issue date: _____
Expiration date: _____	Date of Birth (mm/dd/yyyy): _____
Place of birth: _____	

EMERGENCY CONTACT (Required)

Name: _____	Relationship to Participant(s): _____
Business Phone: _____	Home Phone: _____
Email: _____	Cell Phone: _____

**YOU MUST SUBMIT A COPY OF THE SIGNATURE/ PHOTO PAGE OF YOUR
PASSPORT WITH THIS APPLICATION**

Please send any questions to:

Danielle Cohen
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(t) (212) 891-6757