



# AUTHORIZATION/SIGNATURES:

Community (City/State): \_\_\_\_\_

## Consent for trip:

I hereby give \_\_\_\_\_ (name of Applicant/Participant) permission to participate in the March of the Living Program.

I agree to hold the leadership of the March of the Living, and its agents and staff, harmless from any liability arising out of transporting, supervising, or any other activity pertaining to this program for the above---named Participant, and agree to indemnify the sponsors of the March of the Living and its agents and employees for any costs for the above named Applicant/participants which may arise in connection with this trip.

I give my full permission for all medical treatment of any nature deemed necessary by doctors in Europe, Israel and/or USA to be extended to my child within the framework of the medical services provided by the March of the Living leadership.

\_\_\_\_\_  
FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

## Application Form:

I have completed the **Basic Application** (Form BA1(a)4). To the best of my knowledge all the information provided is accurate. I acknowledge the March of the Living West will rely upon the information provided in order to determine my participation in the program.

\_\_\_\_\_  
MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

I have reviewed my child's completed **Basic Application** (Form BA1(a)4). To the best of my knowledge the information provided is accurate. I acknowledge the March of the Living Western Region will rely upon the information provided in order to determine my child's participation in the program.

\_\_\_\_\_  
FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

## Medical Form:

I have read and understand the physical and mental intensity and requirements of the March of the Living. I have reviewed the **Personal Health History** (Form PH1(a)3), and to the best of my knowledge the information provided is accurate.

\_\_\_\_\_  
MARCH OF THE LIVING APPLICANT'S/PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S (OR LEGAL GUARDIAN'S) SIGNATURE

\_\_\_\_\_  
DATE

NAME: \_\_\_\_\_

**Code of Conduct:**

I acknowledge that I have read the **“Code of Conduct.”** (Form CC1(a)2). I understand its contents and agree to be bound by all of its provisions. I understand and agree that if I violate any of these standards, I will be subject to disciplinary action, up to and including my immediate dismissal from the program and my return home at my family’s sole expense.

\_\_\_\_\_  
MARCH OF THE LIVING APPLICANT’S/PARTICIPANT’S SIGNATURE

\_\_\_\_\_  
DATE

I acknowledge that I have read the **“Code of Conduct.”** (Form CC1(a)2). I understand its contents and agree to be bound by all of its provisions, and will review these with my child. I understand and agree that if my child violates any of these standards, he/she will be subject to disciplinary action, up to and including his/her immediate dismissal from the program and return to our home city at our sole expense. I understand and agree that I will be charged and will pay for all additional expenses related to travel back to home, should my child require special travel arrangements, including arrangements stemming from dismissal from the program which includes the travel expense of an accompanying adult. Further, I understand and agree that, should my child be dismissed from March of the Living, I will not receive any refund of tuition monies paid.

\_\_\_\_\_  
FATHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

**Liability Release:**

I have read, understand and agree to all terms and conditions of the **MOTL Western Region Release and Waiver of Liability Statement** (Form RWL1(a)2).

\_\_\_\_\_  
MARCH OF THE LIVING APPLICANT’S/PARTICIPANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

**Photo Release:**

Photography and media is an integral part of the MOTL experience. By signing below, I grant permission to MOTL Western Region to use of photographs, videos, and other media for display and publication use.

\_\_\_\_\_  
MARCH OF THE LIVING APPLICANT’S/PARTICIPANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER’S (OR LEGAL GUARDIAN’S) SIGNATURE

\_\_\_\_\_  
DATE

*Please return signed form to: Marcia Tatz Wollner, Attn: March of the Living, Western Region, 2771 Arnoldson Avenue, San Diego, CA 92122. In addition, the form can be scanned and emailed to [marcia@motlthewest.org](mailto:marcia@motlthewest.org).*