

## WAIVER

**Please complete this form and return it to Project Interchange. Submission of this form of waiver, properly signed, is a precondition to participation in a Project Interchange seminar.**

I am about to take a trip organized by Project Interchange, an institute of the American Jewish Committee. That trip will involve air and other travel to and from my home to Israel. It will also involve tours by bus or car within any or all of the visited countries, shopping trips, sightseeing and a variety of other planned and unplanned activities. I understand that security risks are inherent to such travel, and I assume such risks. I further acknowledge and agree that Project Interchange, the American Jewish Committee and their officers, governors and employees shall have no responsibility or liability to me or any member of my family for personal injury, death, property loss or damage or any other loss or damage arising from such risks. I am aware that the U.S. Department of State regularly issues travel warnings available on its website: [www.state.gov](http://www.state.gov) I also understand that I may also receive State Department Advisories from the Project Interchange office by calling (202) 833-0025.

**Name:** \_\_\_\_\_

**Please print clearly**

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Passport #:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Country Issued:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_