

Livnot U'Lehibanot

Terms and Conditions of Participation  
(Volunteering, Conduct Rules, Health Declaration & Media Consent)

Introductory Section – General Description of Activities

General Description of Activities:

Programs operated by Livnot U'Lehibanot include, among other things, hands-on volunteering, fieldwork, engagement with communities, educational activities, tours, shared accommodation, hiking, and on-site activities in various regions throughout the State of Israel.

Part I – Participation Terms and Personal Responsibility

Participant Details

Full Name: \_\_\_\_\_

ID / Passport Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

1. Voluntary Participation, Risks, and Schedule Changes

My participation in activities organized by Livnot U'Lehibanot is voluntary and undertaken at my sole and full personal responsibility.

I understand and agree that schedules, routes, locations, and activity content may change due to security considerations, safety concerns, weather conditions, logistical constraints, or professional judgment of the organization. I agree to accept any reasonable changes made under such circumstances.

I acknowledge that participation in activities in Israel may involve security-related risks, including but not limited to acts of terrorism, military activity, rocket fire, sirens, or civil disturbances. I knowingly and voluntarily assume all risks associated with such conditions.

## 2. Health, Medical Disclosure, and Privacy

I declare that my physical and mental health allows me to participate fully in the activities.

I commit to providing complete, accurate, and up-to-date information regarding any medical condition, illness, allergy, sensitivity, limitation, or special medical need.

Any medical information provided will be kept confidential and disclosed only to organizational staff or relevant professionals to the extent necessary to safeguard my health and safety.

## 3. Food, Accommodation, and Environment

I understand that activities may include shared meals, accommodation, and environments that are not sterile.

While reasonable efforts may be made to consider disclosed medical or dietary information, Livnot U'Lehibanot does not guarantee an allergen-free or medically controlled environment.

## 4. Medical Treatment and Insurance

I authorize Livnot U'Lehibanot to seek emergency medical treatment on my behalf if deemed necessary.

I acknowledge that all costs and responsibility related to such medical treatment are mine alone.

I understand that I am solely responsible for obtaining appropriate medical insurance, personal insurance, and travel insurance for the duration of my participation, and that Livnot U'Lehibanot does not provide insurance of any kind.

## 5. Release and Waiver of Liability

To the fullest extent permitted by law, I hereby waive, release, and discharge Livnot U'Lehibanot, its staff, volunteers, partners, and representatives from any and all claims, demands, or causes of action arising from bodily injury, illness, aggravation of a medical condition, loss, or damage to property, occurring during or in connection with my participation, including those arising from negligence.

#### 6. Conduct, Discipline, and Termination of Participation

I agree to comply with all instructions, rules, and guidelines provided by the organization and its staff.

The organization reserves the right to immediately terminate the participation of any individual whose conduct, health condition, or actions pose a risk to themselves or others, or disrupt the proper functioning of activities, without compensation.

#### 7. Personal Property

I acknowledge that Livnot U'Lehibanot bears no responsibility for loss, theft, or damage to my personal belongings.

#### 8. Media Consent

I grant Livnot U'Lehibanot permission to photograph, record, and use images, video, and audio recordings in which I appear, for documentation, educational, marketing, publicity, and fundraising purposes, in any media, without time limitation and without compensation.

#### 9. No Guarantee of Outcome

I understand and agree that Livnot U'Lehibanot does not guarantee any specific outcome from participation, including personal development, educational achievements, or spiritual experiences.

#### 10. Governing Law and Jurisdiction

These Terms and Conditions shall be governed exclusively by the laws of the State of Israel. Exclusive jurisdiction for any dispute shall lie with the competent courts of Israel.

## Part II – Rules of Conduct and Safety

### Travel and Transportation

Travel to high-risk or restricted areas, including Palestinian Authority areas, Syria, Egypt, and Lebanon, is prohibited.

Only licensed Israeli taxis may be used.

Hitchhiking is strictly prohibited.

Use of rental vehicles requires prior approval and valid insurance.

### Safety and Health

All safety, security, and public health instructions must be followed.

Any unusual or emergency incident must be reported immediately.

Adequate hydration, sun protection, and physical caution are required at all times.

### Hikes and Volunteering

Participants must wear appropriate closed footwear, suitable clothing, and carry sufficient water, and must follow all staff instructions during hiking and volunteering activities.

### Sexual Harassment – Zero Tolerance

Livnot U'Lehibanot maintains a zero-tolerance policy toward sexual harassment.

Sexual harassment includes any unwelcome conduct of a sexual nature—verbal, physical, or digital—that violates dignity, creates intimidation, humiliation, discomfort, or a hostile environment.

This may include, but is not limited to:

Sexual comments, jokes, or gestures

Unwanted physical contact or advances

Sexual coercion or extortion

Displaying, sharing, or sending sexual content

Repeated references to a person's sexuality after lack of interest has been expressed

Prior objection is not required for conduct to be considered harassment.

Any violation may result in immediate removal from activities.

### Part III – Appendix: Health Declaration

I declare that my health condition allows me to participate in the activities.

- No medical limitations
- Medical limitation (details): \_\_\_\_\_

- No known allergies
- Allergies/sensitivities (details): \_\_\_\_\_

I accept full responsibility for my health and authorize emergency medical treatment if required.

### Final Acknowledgment

I confirm that I have read, understood, and agree to all the above Terms and Conditions.

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

Participant Name (Print): \_\_\_\_\_

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



**Livnot U'Lehibanot**

BUILD & BE BUILT ✦ לבנות ולהבנות

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