

Neve Yerushalayim Institutions

PARENTAL CONSENT, WAIVER AND RELEASE FORM

_____/_____/_____
Name of Applicant Address Age

_____/_____
Parent or Legal Guardian Address (if different)

The undersigned, being the above named applicant, or if such applicant is under the age of legal maturity, the parent or legal guardian of such applicant, in consideration of acceptance of applicant for study in any division of Neve Yerushalayim (hereafter referred to as the Seminary) does hereby agree:

1. Applicant shall comply with all the rules, regulations and standards of conduct fixed by the Seminary, its agents and employees, who, in the event of violation reserve the right to limit or terminate applicant's participation in the program. No refund shall be made in the event of such limitation or in the event of termination. Return to the applicant's home shall be made at the applicant's own expense.
2. The Seminary, its agents and employees shall not be liable in any manner or degree for the loss or damage to applicant's personal property sustained by any reason. It is understood that the Seminary shall in no way be deemed responsible for the operation or management of any means of transportation, public or private, or facilities used or employed by the Seminary, unless directly owned by it.
3. We the undersigned hereby enter into a tuition agreement together with Neve Yerushalayim. We the undersigned undertake to pay all tuition together with any charges associated with the collection of checks.
4. Refund of all monies less registration fee paid by or for applicant for participation in the Seminary shall be made upon withdrawal from the Seminary only in the event that notice of withdrawal be given to the Seminary at least five weeks prior to the start of the year. If for any reason your daughter chooses, on her own volition, to leave the school, the full tuition is due and there is no entitlement to a reimbursement of funds.
5. The undersigned warrants that the applicant has been examined by a qualified physician that such physician was in possession of all pertinent facts concerning the applicant and the Seminary program and that such physician has reported that applicant is in good health, may travel as required, and is free from any physical or mental ailment or disability requiring medical, surgical, or other treatment or care, or which may endanger the health or safety of applicant or those who come in contact with her. If during the academic year, the Seminary becomes aware of a medical condition that was known to the family and/or the doctor, and was not communicated to the Seminary, the Seminary reserves the right to exercise its judgment concerning the student's continued stay at the Seminary. Return to the applicant's home shall be made at the applicant's own expense. The full tuition is due and there is no entitlement to a reimbursement of funds.
6. The undersigned agrees to allow the Seminary or its duly authorized representatives to act in place of the parents, when, after reasonable attempt of notification, it is necessary in the school's discretion, to obtain medical or other assistance as requested or required.
7. The undersigned agrees and acknowledges that he/she has read the foregoing, has full understanding of the contents thereof, and executes this instrument knowing full well that the Seminary shall rely on the statement and warranties herein contained.

Dated _____, 20__

Signature _____