

**NOTE:** This form must be submitted to the March of the Living Office in Boca Raton by **February 24, 2017**.  
**PLEASE SCAN AFTER ALL REQUIRED INFO IS WRITTEN & SIGNED. SEND TO: [MOL@BOCAFED.ORG](mailto:MOL@BOCAFED.ORG).**



# March of the Living – Southern Region 2017

## PERMISSION FORM FOR FAMILY VISITATION IN ISRAEL



**Parents:** With your express written permission, your child will be permitted to be released to ONLY adult family members or adult family friends on Friday, April 28, 2017 and/or Saturday, April 29, 2017.

**ALL OF THE FOLLOWING INFORMATION MUST BE PROVIDED (NO EXCEPTIONS)**

**PLEASE PRINT CLEARLY (ALL BLANK SECTIONS MUST BE FILLED IN):**

I give permission to my *daughter/son*:

(**FULL NAME**): \_\_\_\_\_ to visit with the following people on Friday, April 28, 2017 and/or Saturday, April 29, 2017...

- |                       |                        |                    |
|-----------------------|------------------------|--------------------|
| 1. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 2. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 3. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 4. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 5. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 6. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |
| 7. <b>NAME:</b> _____ | <b>RELATION:</b> _____ | <b>Cell:</b> _____ |

### **CHECK ONE OPTION**

- Student will be picked up from the Agron Youth Hostel at 6 Agron Street in Jerusalem after 4:45 PM on Friday, April 28. Student will return on Saturday, April 29 before 10:00 PM.
- Student will be picked up from the Agron Youth Hostel at 6 Agron Street in Jerusalem between 12:30-2:00 PM on Saturday, April 29. Student will return before 10:00 PM on same day.

**We understand and agree that the student must return to the Agron Youth Hostel at 6 Agron St. in Jerusalem no later than 10:00 PM on Saturday evening, April 29 and check in with staff by that time.** During the time my son/daughter is with the above mentioned adult(s) and separated from the March of the Living Trip, I agree to hold the leadership of the *March of the Living*, its representatives and staff, harmless from any liability or responsibility for the above named participant, and agree to indemnify the sponsors of the *March of the Living* and its employees for any costs for the above named participant which may arise in connection with this visitation of which I approve.

I agree that without two undersigned authorized signatures, my child will not be released.

**DATE:** \_\_\_\_\_

**Parent Name (PRINT):** \_\_\_\_\_ **Parent Sign:** \_\_\_\_\_

**Student Name (PRINT):** \_\_\_\_\_ **Student Sign:** \_\_\_\_\_