



ה א ו נ י ב ר ס י ט ה ה ע ב ר י ת ב י ר ו ש ל י ם
THE HEBREW UNIVERSITY OF JERUSALEM

Rothberg International School ביה"ס לתלמידים מחו"ל ע"ש רוטברג
Finance Department מחלקת כספים



WAIVER

I HEREBY confirm that I am covered in Israel by the following Health Insurance / Medical Plan _____ and therefore I waive any claims against the Rothberg International School and/or the Hebrew University that might arise as a result of any medical condition that I may incur now or at any time during my stay at the Hebrew University of Jerusalem and/or Israel.

Student No.

Name (print clearly)

Date

Signature