



Date: _____

Informed Consent for Student upon Entrance to The State of Israel for the Purpose of studying at The University of Haifa

Student Name: _____

Passport Number: _____

Program: _____

Personal Cell Phone Number: _____

Address of Quarantine: _____

Date of arrival: _____

I, the undersigned, wish to enter the State of Israel and study at The University of Haifa. I take full responsibility to comply and observe the law, regulations and guidelines of the Israeli Ministry of Health related to the COVID-19 Pandemic, as published on its website, <https://corona.health.gov.il/en/abroad/isolation/> as well as to strictly abide by the relevant University of Haifa's policies, instructions and guidelines.

Without limiting the generality of the foregoing, I understand and agree to comply with the following:

1. Once I arrive in Israel, I will enter and remain in quarantine in accordance with the Ministry of Health rules as noted above.
2. I will NOT leave the apartment during the quarantine period unless an exception applies under applicable law and in accordance with the terms thereof.
3. I will arrive to the apartment with the sufficient clothing and personal gear to last for the quarantine period as no laundry is available during the quarantine period. I will be responsible to order my own food and beverages. The University will provide phone numbers of nearby stores that can deliver food to my apartment.

If I am tested positive for COVID-19 I will follow the instructions of the Israeli Health Authorities and International School.

4. If I fail to adhere to the Ministry of Health regulations or to the University's policies and guidelines, I am aware that I may face disciplinary charges and institutional sanctions and that the University may file a complaint against me with the relevant governmental authorities.

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5. I acknowledge that the guidelines above are based on Israeli law and other governmental rules and directives, and therefore if I suffer any damage as a result of the isolation, including if I am infected with COVID-19 during the isolation period, I waive now and forever any claim I may have against the University in such regard, and hereby release and discharge the University from any liability whatsoever to the maximum extent permitted by law.
6. I acknowledge that I have read the above Consent, have had the opportunity to consult with any person prior to signing, and have signed it at my own free will.

Signature: _____

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