

ISRAEL TRIP APPLICATION FORM (USA departures)

Dates: March 17-29, 2017

Cost: \$2,650* USD per person including airfare from JFK

By signing this, you agree to all of the following. Please read carefully!

- This trip is reserved exclusively for WOLBI students, alumni, and staff.
- Your signature below constitutes a commitment to participate in the Israel trip at your expense.
- This is NOT a ministry trip but rather a personally-funded enrichment trip. As such, tax-deductible donations cannot be raised in the name of Word of Life to cover its cost.
- The cost of this trip cannot be added to your student bill. Students with large outstanding balances on their student bill may be denied participation in the trip.
- A \$250 non-refundable reservation fee will be payable to Word of Life no later than **December 2, 2016**. This will be applied to the cost of the trip. Half the remaining cost (\$1,200) will be payable to Word of Life no later than **January 13, 2017**. The remaining balance (\$1,200) will be due no later than **February 10, 2017**. All payments may be made in cash, check made out to Word of Life, or by credit card at <https://home.wol.org/biblei/payment.php>. Select the "Israel Trip - BI" option.
- Space is limited and applications will be honored on a first-come, first-served basis upon receipt of the \$250 reservation fee. Once space has been filled, applicants will be placed on a waiting list.
- This trip departs JFK airport (New York City) at 2:40pm on Friday, March 17, 2017. Transportation to JFK is the responsibility of trip participants and is NOT included in the cost of the trip since this date falls in the middle of the spring break. For students studying at the NY campus, transportation will be provided from JFK back to the campus on Wednesday, March 29, 2017 at no additional cost.
- A passport with an expiry date no earlier than September 30, 2017 will be required by **January 13, 2017**. This is the responsibility of all trip participants and is NOT included in the cost of the trip.
- Travel insurance IS included in the cost of the trip and is mandatory for all participants.
- Classes missed due to participation in this trip must be made up upon the student's return! 😊

Signature

Date

Print name: _____
(If you have a passport, fill in your full name as it appears therein)

Do you have a passport? Yes No

Date of birth: _____

Passport number: _____

E-mail address: _____

Issuing country: _____

Cell phone number: _____

Expiry date: _____

Box number: _____

Date/time received with \$250 fee: _____

To be turned in to the WOLBI office with \$250 non-refundable deposit no later than December 2, 2016.

* Price listed is for multiple occupancy (3-5 people per room). For double occupancy, add \$100 USD per person.

Participant's Name: _____

I acknowledge that participation in the Israel trip March 17-29, 2017 involves risk to the Participant (or parent/guardian, if Participant is under 21 years of age collectively included hereinafter in the term "Participant"), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Israel trip, the Participant acknowledges and accepts the risk of injury associated with participation in the trip. The Participant accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant promises to indemnify, defend, and hold harmless Word of Life Fellowship, Inc. and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "WOL") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of WOL or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

Is sponsor authorized to approve medical treatment? ____ Yes ____ No

Is participant covered by personal/family medical insurance? ____ Yes ____ No

_____	_____	_____
Participant Signature	Date	Witness
_____	_____	_____
Spouse (if married) Signature	Date	Witness

The following is to be signed by the parents or guardian of those under 21 years of age. This form must be notarized.

I do hereby give permission for my above son/daughter to travel and participate in the activities of the Israel trip March 17-29, 2017.

I understand that you will exercise, to the best of your ability, standards of control for the best interests of the group. Therefore, I do give my permission for you to make any decisions and carry out any disciplinary action necessary to connect with my son/daughter during the above period of time.

In the event I cannot be reached in an emergency, I hereby give permission for one of your authorized personnel to make any medical or legal decisions as may be deemed necessary. Furthermore, I will not hold WOL liable for any damages to the participant caused by an accident while under your control. I agree that I will be solely responsible for any emergency expenses that may arise for my child's care during this trip.

In the case of an emergency, contact me at the following phone number(s):

_____	_____	_____
Daytime Phone	Evening Phone	Mobile Phone

(If you are under the custody of both parents, we need both parents' signatures. If you are not, we need the signature of the one who has custody of you.)

_____	_____	_____
FATHER / GUARDIAN (Print Name)	FATHER / GUARDIAN (Signature)	DATE

_____	_____	_____
MOTHER / GUARDIAN (Print Name)	MOTHER / GUARDIAN (Signature)	DATE

Sworn and subscribed to before me this _____ day of _____, _____.

NOTARY (Print Name) _____

NOTARY (Signature) _____

NOTARY SEAL REQUIRED

To be returned to the WOLBI office no later than January 13, 2017.