

**COVENANT JOURNEY**

**Israel Program Participant Form**

**Traveler Name:** \_\_\_\_\_ **Trip Dates:** \_\_\_\_\_

As you have been selected to attend a Covenant Journey (CJ) sponsored Program, we need to collect the following information, which will be shared with CJ staff for purposes of organizing and leading the trip. It will be kept on file in the CJ office until the Program is completed. Please submit the following information as soon as possible so we can continue in the planning process of your trip. If you have any questions, you may contact Covenant Journey.

- Contact information
- Flight information to/from the CJ U.S. Point of Departure (before/after Program)
- Insurance information
- Health information
- Email address & telephone number
- Signed Waiver of Liability & Assumption of Risk Form

**Traveler Contact Information**

Email address: \_\_\_\_\_ Cell number: \_\_\_\_\_

Will you have service for your cell phone in Israel? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contacts**

**Emergency Contact #1** (Parent/Guardian/Spouse)

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: **home** (    ) \_\_\_\_\_ **work** (    ) \_\_\_\_\_

**mobile** (    ) \_\_\_\_\_ **other** (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact #2** (Parent/Guardian/Spouse)

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: **home** (    ) \_\_\_\_\_ **work** (    ) \_\_\_\_\_

**mobile** (    ) \_\_\_\_\_ **other** (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Flight Information**

Itinerary to/from your home city to the CJ point of departure (before/after Program):

Flight to CJ U.S. Point of Departure:

Airline & Flight number \_\_\_\_\_ Arrival day & time: \_\_\_\_\_

Flight from CJ U.S. Point of Departure:

Airline & Flight number \_\_\_\_\_ Arrival day & time: \_\_\_\_\_

**Insurance**

Do you have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_

Do you have Travel Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Travel Insurance: \_\_\_\_\_ Plan #: \_\_\_\_\_ Location #: \_\_\_\_\_  
Coverage \_\_\_\_\_ Dates: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_

**Health**

Family Doctor or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Allergies  
Foods: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Environmental Factors: \_\_\_\_\_  
Other: \_\_\_\_\_

Current Medications (include over-the-counter medication, herbal products, etc.)

Medication	Dosage	Reason for Taking

**Signature**

Sign below and also sign and submit a copy of the Waiver of Liability & Assumption of the Risk Agreement.

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Traveler (please print)

## COVENANT JOURNEY

### Waiver of Liability and Assumption of Risk Agreement

**I desire to participate in an international trip organized by Covenant Journey (CJ). In order to participate in the Program, I agree to the terms below and assume all risks associated with my participation in the Trip, including, but not limited to, those specifically identified below.**

#### I. ASSUMPTION OF RISK

**A. Risks of Travel Abroad.** The undersigned understands that participation in this tour involves risks in traveling to and within, and returning from, one or more foreign countries, and include, but are not limited to risks pertaining to: political, legal, social and economic conditions; local medical and weather conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; and increased potential for theft of personal property, personal injury and death. It is the traveler's responsibility to consult the U.S. Department of State's Bureau of Consular Affairs website to gain information on all countries the traveler will be traveling through, to and from for purposes of: (i) making a decision of whether it is safe to engage in such travel, (ii) understanding the procedures for application for passport (iii) ascertaining specified Travel Alerts posted on the site, recommended immunizations and other medical safety precautions.

**B. Trip Arrangements.** The undersigned understands that CJ does not represent or act as an agent for, and cannot control the acts or omissions of, any transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. The undersigned acknowledges and agrees that CJ has not assumed the duty to act as a common carrier and is not responsible for the actions of any other persons, companies, or other entities that provide transportation, housing, food, medical care, or any good or other services to me during this Program. The undersigned acknowledges that any travel or activities undertaken inside or outside of the Program, are undertaken at the traveler's own risk and discretion.

#### **D. Health & Safety.**

1. The undersigned represents and warrants the traveler has consulted with a medical doctor with regard to his or her personal medical needs. The undersigned represents and warrants there are no physical or mental health-related reasons, problems or special dietary requirements or restrictions which preclude or restrict the applicant from safely participating in the Program.
2. The undersigned hereby represents and warrants that the traveler assumes all risk and responsibility for his or her medical or medication needs and the costs thereof. If the traveler requires medical treatment or hospital care in a foreign country or in the United States during the Program, the undersigned authorizes CJ to secure any care deemed appropriate.
3. The undersigned agrees that CJ (including any person or persons responsible for leading the trip or supervising the Program, acting in his/her absolute discretion) may take any actions considered to be warranted under the circumstances to protect the traveler's health, safety or welfare or the health, safety or welfare of others participating in the Program. These actions may include removal of any traveler from the Program or the removal of other travelers. If any of the undersigned is removed from the Program, the undersigned agrees that he or she will be sent home at the undersigned's expense.

#### **E. Standards of Conduct**

1. The undersigned understands that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. The undersigned recognizes that behavior which violates those laws or standards could harm CJ's relations with those countries and institutions, as well as the travelers' health and safety. The undersigned is aware that in the event the traveler violates laws of the host country, he or she may place himself or herself in legal jeopardy, and that U.S. Standards of due process may not apply. The undersigned agrees the traveler will become informed of, and will abide by, all such laws and standards for each country to or through which the traveler will travel during the Program.
2. The undersigned agrees the traveler will comply with CJ's rules, standards and instructions for traveler behavior.
3. The undersigned agrees that CJ has the right to impose sanctions up to and including removal from the Program for any behavior deemed, in its sole discretion, detrimental to or incompatible with the interest, harmony and welfare of CJ, the Program, or other travelers at any time prior to or during participation in the Program. If a traveler is removed from the Program, he or she will be sent home at the traveler's expense.
4. The undersigned will attend to any legal problems the traveler encounters with any foreign nationals or government at the undersigned's expense. CJ is not responsible for providing travelers with legal representation.
5. No traveler may engage in independent travel without first obtaining approval from the CJ staff overseeing the Program and informing such staff of his or her travel plans.

**F. Program Changes.** The undersigned understands and agrees that trip cancellation insurance is recommended and takes sole responsibility for obtaining or deciding not to obtain trip cancellation insurance. The Program itinerary, travel arrangements and accommodations are solely under the control of ground and air tour operators/providers/vendors or airline, which are independent of CJ. CJ has the right to cancel the Program at any time prior to departure. Refunds are governed by the cancellation policies of the tour operators/providers/vendors or airline.

**G. Photography Consent.** The undersigned grants consent to CJ for use of any photograph/likeness or video from the Program for marketing purposes.

**H. Agreement to Indemnify and Defend.** The undersigned each, jointly and severally, hereby releases, waives his or her rights to recover against, and agrees to indemnify and hold harmless LC, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and insurers (hereinafter jointly referred to as the "Indemnatee") from and for any and all claims or causes of action for any losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss arising from or relating to any one or more of the undersigned' involvement in the Program. In the event any of the undersigned asserts any claims in contravention of this agreement, he or she shall be liable for the expenses and reasonable attorneys' fees and expert witness fees incurred by CJ in defending the claims asserted.

**I. Waiver.** The undersigned each waive any and all claims that may arise against CJ, and all of its operators, and parent, subsidiary and related entities, and its and their respective officers, directors, employees, agents, servants and insurers as a result of his or her or participation in the Program, including but not limited to claims alleging negligence, gross negligence, and/or willful and wanton negligence. The undersigned further agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the

release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is/are releasing unknown future claims.

**J. Covenant Not To Sue.** The undersigned each promises and agrees that he or she will not sue CJ, or any of its related entities, or its or their respective officers, directors, employees, agents, servants and insurers for any damages, losses, claims, causes of action, suits, demands, costs, complaints, including those resulting from any of the undersigned's illness, injury and/or death, released and waived in the preceding paragraphs. The undersigned further agrees that LC may plead this agreement as a full and complete defense to any suit brought in violation of this promise.

**K. Agreements Not Limited by Actions of CJ.** The undersigned's agreements and obligations under the preceding paragraphs shall not be limited or reduced in any way because any of the losses, damages, property damage, property loss or theft, costs, complaints, personal injury, death or other loss, including those resulting from the any of the undersigned's illness, injury and/or death, arise or result, in whole or in part, from the negligence of, or breach of any express or implied warranty or duty by CJ, or any of its operators, or parent, subsidiary and related entities, or its or their respective officers, directors, employees, agents, servants and insurers.

**L. Agreement Binding on Representatives.** The undersigned enters into this agreement for himself or herself, and his or her heirs, assignees, subrogors, distributees, family members, heirs, next-of-kin, executors, personal representatives, administrators and successors of every kind.

**I have read this Waiver of Liability and Assumption of the Risk Agreement carefully before signing it, and agree that it contains my entire agreement with CJ as to my participation in the Program. This agreement shall become effective only upon acceptance by CJ of my application for the Program, and shall be governed by the laws of the State of Florida and venue for any dispute involving this Agreement or my participation in the Program shall be Orange or Seminole County, Florida, which venue is the sole discretion of CJ.**

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Traveler (please print)