



REGISTRATION, MEDICAL RELEASE, & WAIVER FORM

To be completed by participant or an authorized guardian.

Please mail to: HarvestNet Institute

c/o Sylvia Neptune, PO Box 6071, Cleveland, OH 44101

ISRAEL- Roots of Faith Tour: April 27- May 8, 2020

PARTICIPANT INFORMATION - Please print

Name as it appears on **passport** _____

Nickname _____

Your birth date _____ and age _____ on date of departure (spell out month-ex: Nov. 13, 1972)

Passport number _____

Date of Issue _____ Date of Expiration _____ (spell out month-ex: Nov. 13, 1972)

Where Issued (lower right hand corner of PP) _____

Street Address _____

City _____ State _____ Zip _____

Your phone number _____

Your email address _____

Have you traveled abroad before? yes no If yes, where? _____

Person to contact in case of emergency _____

Phone _____

For insurance purposes: Your beneficiary's name, relationship to you and phone number

COURTESY COMMITMENT: I understand that I am expected to follow Biblical guidelines and bring honor to Christ by my behavior throughout the tour. I commit to show love, respect, and courtesy to other tour participants and to all those we meet. _____

Signature

LIST ALL CURRENT

Allergies: _____

Illnesses: _____

Physical problems: _____

If you have disabilities or dietary restrictions, you should inquire in advance about whether your needs can be accommodated. _____

Medications: _____

THIS is page 1 of 2 - BOTH Sides/Pages of this Form MUST Be Read and Signed!

ACKNOWLEDGEMENT OF RISK RELEASE AND WAIVER FORM

ISRAEL – April 27- May 8, 2020 (cont.)

If the participant is a minor, their guardian agrees to the following:

I agree to waive any and all rights and claims for damages that I or my spouse, estate, heirs or assigns may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participants arising directly or indirectly out of this trip.

I further agree that, in the event that I, my spouse, the participant or another child in my care should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees and representatives against any and all such injury, damage, or loss; and

I authorize the trip sponsor or their representative to obtain medical treatment for the participant that should appear to be reasonably and medically necessary during the trip, and I will be liable for the payment of expenses relating to such illness or injury and/or treatments.

I affirm that I have the right to authorize and agree to the forgoing. I have carefully read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of parent/guardian: _____ Date: _____

Signed in the presence of these witnesses: _____

Witness Date: _____

If the participant is an adult, participant agrees to the following:

I agree to waive any and all rights and claims for damages that I or my spouse, estate, heirs or assigns, may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participants arising directly or indirectly out of the trip.

I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees and representatives against any and all such injury, damage, or loss; and

I affirm that I have the right to authorize and agree to the forgoing. I have carefully read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Print and sign name:

Printed Name: _____

Signature: _____ Date: _____

Signed in the presence of these witnesses: _____

Witness Date: _____



Booking Form

ISRAEL – Roots of Faith - April 27 through May 8, 2020

Booking and Insurance Conditions

I. Payment Terms

A. Deposit

A deposit of \$350 per person must be paid at the time of booking. \$150 is non-refundable.

B. Total Cost of Booking

The total cost of the booking must be received by HarvestNet Ministries by February 27, 2020 – ten weeks prior to the scheduled arrival date in Israel. In the event that the payment is not received by Shores Study Tours by March 1, 2020 Shores Study Tours reserves the right to treat the booking as cancelled by the client. In this event, the cancellation fees listed below shall apply.

C. Means of Payment

Make personal or bank checks out to HarvestNet Institute. Please note in memo: Israel 2020. If you choose to use a credit card, we ask that you get a cash advance from your credit card company, and send us a bank check for the amount due. Price per person is based on 21 passengers.

II. Cancellation Policy

A client who wishes to cancel a booking must notify Shores Study Tours in writing. The land only cancellation charges set out below will be payable from the date Shores receives the notification of the cancellation. These charges are calculated as a percentage of the total tour cost. The balance of the tour payment (after subtraction of cancellation fees) will be returned to the client within 30 days after receipt of the cancellation letter. Airline penalties are not part of the percentages below and vary based on the airline contract. If the tour is cancelled for any reason after tickets are issued, the penalties imposed by the airlines will be deducted from your refund.

Period before scheduled arrival in Israel that notice of cancellation is received:

	Cancellation Fee
Before January 3	\$150
After January 3	Total Shores deposit of \$500
41-29 days (March 17 - March 30)	45% of total
28-15 days (March 30 - April 13)	65% of total
14 days or less (April 13 - April 27)	100% of total

III. Travel Insurance

Mandatory Medical Insurance is included in your tour package. However, if you want to purchase optional trip cancellation insurance, you will need to do this on your own.

IV. Policy for cancellation due to war

If there would be a serious security situation or war, where the traveler's government would issue a travel advisory against visiting Israel, Shores would refund the full cost of the tour minus a US\$350 per person administration fee.

Please sign and return with your Registration and Booking Forms.