Global Ministries People-to-People Pilgrimages Palestine & Israel

Circle one:

Ways of Jesus in 2020, Jan.6-17, 2020 In the Footsteps of Jesus, Jan. 24-Feb.4, 2020

Registration Form

One form per person	
Name (as on passport):	Date:
Address:	
	Zip/Postal Code:
E-mail address:	
Phone:	Date of birth:/
Passport Number:	(Expiration Date:)
Originating Airport:	(Three-letter code:)
Emergency Contact Information Please name two contacts in case #1 Name:	•
Address:	
Telephone:	Other (E-mail/cell)
#2 Name:	
Address:	
Telephone:	Other (E-mail/cell)
deposit payable to Jeff Wright; on	e tour; enclosed is my \$400 deposit (Make memo line, write <i>Pilgrimage</i>). bassport; I will send when I receive it.
Attached is my signed relea	ase/waiver form.
I do not have any physical	or dietary restrictions.
I request a single room (sup	plement is \$500).
I do have physical and/or c	dietary restrictions. Please explain:

Complete and send form with waiver and a check for \$400 per person to:

RELEASE AND WAIVER

This release and waiver of liability is executed in favor of In the Footsteps of Jesus Tour and Jeff & Janet Wright. It is understood that:

- 1. No profit is made by the Wrights on this tour;
- 2. Such voluntary efforts by the Wrights are made solely for the purpose of making the tour as safe and successful as possible for all participants;
- 3. Participants are responsible for their own safety and well-being and assume all risks relating to the tour.

Assumption of Risk: I understand there are certain risks and dangers associated with the tour for which I am registering. I have investigated these risks and discussed them with the tour's leaders. I fully acknowledge that the risks involved are acceptable to and assumed by me.

Waiver and Release: For valuable consideration, i.e., inclusion as a participant in the tour, I release and forever discharge In the Footsteps of Jesus Tour and Jeff & Janet Wright from any and all claims, demands, and liability of whatever kind or nature relating in any way to the alternative tour.

I understand and acknowledge that this release discharges the Wrights from any claim or liability that I may have against any or all of them with respect to any bodily injury, emotional stress, illness, death, property damage, or financial loss that may arise from my participation in the alternative trip.

Name:	
Signature: _	
Address:	
Date:	

For persons of seventy-five years and older:

The pilgrimage is demanding. It includes long walks over often uneven ground and cobblestone, climbing long and steep staircases, and long days. Once we receive your registration, we will send a medical consent form for your physician to complete. It is a short form asking your physician to approve your travel under the above conditions. If you have questions about the trip's physical demands, please don't hesitate to email or call us.