



United Jewish Federation of Tidewater

2023 Community Mission to Israel

March 1 – 9, 2023

Application & Release Forms

Please print legibly and sign where indicated. Also, please provide a clear copy of the photo page of your passport to accompany these forms.

Name of Federation: United Jewish Federation of Tidewater

Number of Participants Registering: _____

Mission Name and Date: 2023 Community Mission to Israel: March 1 – 9, 2023

Personal Information

Participant 1:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

☐ Male ☐ Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM / DD / YYYY Country of issue: Country of citizenship:

Previous Mission with UJC/Federation: ☐ Yes ☐ No If yes, Mission Name/Date: _____

NOTE: Passports must be valid for at least six months beyond the return date of the mission.

PLEASE TAKE A CAREFUL LOOK AT YOUR PASSPORT. IT CANNOT EXPIRE BEFORE September 8, 2023.

Participant 2:

Title	Full name <u>exactly</u> as appears on passport (Last, First, Middle)	Name as you'd like it on name tag

☒ Male ☐ Female Date of birth MM / DD / YYYY Passport #

Passport expiration date* MM / DD / YYYY Country of issue: Country of citizenship:

Previous Mission with UJC/Federation: ☐ Yes ☐ No If yes, Mission Name/Date: _____

NOTE: Passports must be valid for at least six months beyond the return date of the mission.

PLEASE TAKE A CAREFUL LOOK AT YOUR PASSPORT. IT CANNOT EXPIRE BEFORE September 8, 2023.

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Mailing Address/Telephone Information

Participant 1:

Street	Apt/Suite #	
City	State	Zip Code
Home phone ()	Work ()	Cell ()
Email Address(es)		

ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY: We cannot send express mail to a P.O. Box.

Participant 2:

Street	Apt/Suite #	
City	State	Zip Code
Home phone ()	Work ()	Cell ()
Email Address(es)		

ADDRESS TO WHICH WE CAN SEND EXPRESS MAIL DURING THE DAY: We cannot send express mail to a P.O. Box.

Room Assignments

Number of rooms required:

Room Type - Please check applicable boxes:

- ☐ Double Room ☐ Twin Beds ☐ King Bed ☐ Single Room (additional charge)

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Billing/Payment/Cancellation Fees

To make the payment of your Mission fee easier for you, we accept Master Card, American Express, and VISA for charging **the cost of the basic mission only**. (Incidental charges to hotel rooms will be the full responsibility of individual participants. Credit card will be requested by the hotels during check-in for just this purpose.)

A \$500 per person charge will be made to your credit card on receipt of your application. NOTE: This is a NON-REFUNDABLE fee. Applications are due no later than **November 3, 2022**. The balance of the mission must be paid by **February 1, 2023**.

I hereby authorize the United Jewish Federation of Tidewater to charge the credit card whose number is provided below. I understand that this payment is required to book hotel rooms and other logistical components of the mission. I further recognize that this payment is for services (i.e., hotels, meals, etc.) and **not a charitable contribution**.

		2023 UJFT Community Mission to Israel
Signature of Participant	Print Name	Mission Name
Date _____		

Credit Card Information:

Please check one: • Visa • Master Card • Amex

(Please provide billing address if different from that shown on previous page)

Card Number	Expiration Date	Amount
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Credit Card Validation/Security Code # (CVV):

This is the 3 or 4 digit security code used to verify your credit card and protect you against fraud. For Visa and Mastercard, the code is 3 digits long and is located on the back of the card. For American Express, the code is 4 digits long and is located on the front of the card above the last digits of your credit card number.

Cardholder's Name:	Cardholder's Signature:
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Important Notes:

1. This mission is defined as LAND ONLY, which means that participants are required to make their own international transportation arrangements.
2. If a participant withdraws from the mission **within two weeks of departure date**, he or she will be responsible for the **\$500 non-refundable fee**; **PLUS any ground costs** that the Federation incurs as a result of late notice (i.e. hotel deposits, admissions, catering guarantees, etc.)

Please sign here to acknowledge your acceptance of these terms.

Participant 1 Signature _____

Participant 2 Signature _____

Date _____

Date _____

Travel Arrangements & Additional Hotel Nights

This is an **Israel Only** mission. If you wish to extend your stay in Israel beyond the last day of the mission, please indicate that here (not binding), so we have an idea of transportation needs to the airport (or hotel) on the last night of the trip..

Note: Please send me a copy of your complete flight itinerary as soon as it's available, so that I can track when everyone is scheduled to arrive. **The first hotel night included in the mission package is on March 1.** The mission program will begin early the following day. This way, you can arrive in Israel at whatever time you wish and still get plenty of rest the night before we start the program. If you are arriving earlier (prior to March 1), let me know if you'd like me to book a room for you at our first hotel, and if so, for which night(s).

I am happy to work with anyone wishing to extend the Israel portion of their trip, on either side – before or after the Israel portion of the mission. Please let me know if you're considering adding a pre- or post-mission extension in Israel.

☐ CONSIDERING EXTENDING IN ISRAEL

Pre-Mission, arriving on _____ (date)

Post-Mission, staying until _____ (date)

Travel Insurance

Note: The UJFT suggests that all mission participants review their insurance needs to determine if additional travel insurance is needed to cover: trip delay, missed connections, sickness and/or accident medical expenses, lost baggage, personal effects, baggage delay, etc. **NOTE:** Most travel insurance must be purchased within two weeks of your first trip payment. **NOTE:** UJFT does not cover the cost of travel insurance for participants.

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Medical & Emergency Information

Please print legibly

Participant 1: _____
(Participant Name)

Allergies: _____

Prescriptions: _____

Medical conditions: _____

Participant 2: _____
(Participant Name)

Allergies: _____

Prescriptions: _____

Medical conditions: _____

Emergency contact:

Participant 1: _____
(Participant Name)

Name	Relationship
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Address	City	State	Zip
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Home phone ()	Work ()	Cell ()
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Participant 2: _____
(Participant Name)

Name	Relationship
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Address	City	State	Zip
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Home phone ()	Work ()	Cell ()
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BUSINESS/FEDERATION INFORMATION

The information that you provide us below will allow us to let our speakers know in advance the kind of audience that they are addressing (level of Jewish involvement, professional experience, etc.)

Participant 1: _____

Business/Profession

Title

Federation and/or community activities

Background

Participant 2: _____

Business/Profession

Title

Federation and/or community activities

Background

Signature of person actually completing application: _____

Print name

Date

Please return this application with your payment for each person to the Federation:

ATTENTION: Amy Zelenka

United Jewish Federation of Tidewater

5000 Corporate Woods Dr Suite 200

Virginia Beach, VA 23462

Tel: 757-965-6139 Email: azelenka@ujft.org

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Missions to Israel

I am aware of the risks of travel to Israel, including risks associated with my safety and security. These risks include, but are not limited to, property damage and loss, death, or injury by accident, disease, or terrorist acts. I am voluntarily participating in the **UJFT 2023 Community Mission to Israel** (the “Mission”) with a full understanding of these risks, and I assume and agree to accept any and all risks to my safety and security during the course of participating in the Mission.

I have read, or have had the opportunity to read, the current United States Department of State’s Travel Warning for Israel, Gaza, and the West Bank, attached hereto. I understand that, in advance of the mission, I may periodically check the State Department’s website, found at: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories/israel-west-bank-and-gaza-travel-advisory.html>, to see if the Travel Warning has been superseded by a new Travel Warning.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by UJFT, UJFT does not guarantee and is not responsible for my personal safety or the safety of my property while participating in the Mission or any Mission-related activities, including, but not limited to: ground transportation, meals, lodging, and activities.

In light of the above and in consideration of participating on this Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge UJFT, its respective subsidiaries, affiliates, predecessors, successors and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (collectively, the “Releasees”), of and from any and every claim arising from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the Mission or any activities in connection with the Mission.

This release contains the entire agreement between the parties to this release. This release supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding its subject matter. This release shall be interpreted and enforced in accordance with the laws of the State of Virginia and shall be as broad and inclusive as permitted by such laws. If any provision of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I have carefully read the foregoing release and understand its contents, and I acknowledge that this is a release of liability, and such is a binding and fully enforceable contract between myself and UJFT.

Having consulted, or having had the opportunity to consult, my own counsel as to its meaning and legal effect, I sign this release as my own free act.

Adult 1: Name	Signature	Date
Adult 2: Name	Signature	Date

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Photo/Image Release

I hereby grant the permission, without reservation, to United Jewish Federation of Tidewater (UJFT) to take and to use photographs and/or sound/image recordings of me, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of UJC and UJFT, and I waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web site, incorporating the photograph(s).

I release UJFT, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form whether intentional or otherwise, that may occur or be produced in taking of photographs, or any processing toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I recognize that UJFT owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I hereby waive any claims I may have based on any usage of the photographs or works derived there from in any form, whether it be printed, projected, televised or transmitted via the web, or/and at any time, be it in the present or in the future, including, but not limited to claims for either invasions of privacy or libel.

I am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns, and me. I have read this release and I fully understand its contents.

Adult 1: Name	Signature	Date
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Complete address	Phone ()
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Email	Fax ()
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Adult 2: Name	Signature	Date
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Complete address	Phone ()
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Email	Fax ()
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Information and Assumption of the Risks Related to COVID-19.

I understand that there are certain dangers inherent in my participation in the Mission relating to the spread of COVID-19, which is contagious and presents a danger of illness, short- or long-term disability, and, in some cases, death, as well as potential transmission to others. I understand that risk of exposure to COVID-19 is present in any place where people are present. I also understand that there is a potential heightened risk related to COVID-19 for certain persons based on age, certain underlying medical conditions, or other factors.

More information about heightened risk factors can be found here: <https://www.cdc.gov/coronavirus/2019ncov/need-extra-precautions/index.html>. I understand that it is possible that contraction of and/or illness or other complications related to COVID-19 may occur while traveling to/from and during the Mission.

I agree that I have full knowledge of and assume the risks involved in participating in the Mission as they relate to COVID-19. I understand that my home country and/or the country to be visited on the Mission (Israel) may impose certain testing, quarantine, and other rules, requirements, and obligations related to COVID-19. I hereby agree to abide by any such rules, requirements, and obligations as may be in place while traveling to/from and during the Mission.

I further agree that I shall be solely responsible for any and all costs associated with abiding by such rules, requirements, and obligations, including those which may result in the need to extend my stay in Israel (such as in the event of a mandatorily imposed quarantine).

I also agree to abide by any rules, requirements, and obligations related to COVID-19 as may be imposed by United Jewish Federation of Tidewater or the Israeli government, during the Mission, including but not limited to requirements regarding social distancing and use of facial coverings or other personal protective equipment.

I hereby represent and warrant that I will not participate in the Mission if I incur or begin to show any symptoms of COVID-19 in the 14 days leading up to and inclusive of the date of departure for the Mission.

These symptoms include, but are not limited to, fever, cough, shortness of breath/difficulty breathing, or new loss of taste or smell (a full list of symptoms can be found here: <https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html>).

Adult 1: Name	Signature	Date
Complete address	Phone ()	
Email	Fax ()	
Adult 2: Name	Signature	Date
Complete address	Phone ()	
Email	Fax ()	

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