**ACTIVE SENIORS MISSION**

**MARCH 20-28, 2018**

**APPLICATION & RELEASE FORMS**

**PERSONAL INFORMATION**

Full name exactly as appears on passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last, First, Middle)

Name preferred on name tag \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Male \_\_\_ FemaleDate of Birth (MM / DD / YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (City, State, Zipcode) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Synagogue affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federation and/or community activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL INFORMATION**

Passport #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of origin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_

*NOTE: If you do not currently have a passport, or if your current passport is not valid for at least six months beyond the mission return date, leave blank and forward information upon receipt of new passport.*

**ATTACH A LEGIBLE COPY OF YOUR PASSPORT SIGNATURE AND PICTURE PAGE**

*\_\_\_*Are you planning to extend your trip? If so, please elaborate

\_\_\_ Is this your 1st trip to Israel?

**ROOM PREFERENCE:**

* **In Sovev Kinneret:** Home hospitality with an Israeli family is assumed. If you prefer to stay in a hotel, plan to add approx. $1,000 to the cost of the trip.
* **In Jerusalem (circle all that apply):**

Double Room / Single Room (additional charge)

Non-smoking / Smoking

King or Queen Bed / Twin Bed

Shabbat Observant

**BILLING / PAYMENT**

Charges to your credit card will be made as follows:

* Upon registration, a deposit of $500 per person is due.
* Remainder of Mission cost is due at least 6 weeks prior to departure.

Cancellation Fees: Within 45-30 days of departure: 50% refund

Within 30 days of departure: no refund

I hereby authorize St. Paul Jewish Federation to charge the credit card provided below. I understand that these payments are necessary to reserve speakers, transportation and hotel accommodations. I further recognize that these payments are for services and not for charitable contributions.

**Credit Card Information**

Circle: Visa / Master Card / American Express / Discover

Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code #\_\_\_\_\_\_\_\_\_

Cardholder’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL ARRANGEMENTS & TRIP EXTENSIONS**

Participants are responsible for booking and paying for their flights. Once accepted for the mission, the St. Paul Jewish Federation will help coordinate flights.

**TRAVEL INSURANCE**

\_\_\_\_\_\_\_PLEASE INITIAL: I understand that the St. Paul Jewish Federation strongly recommends that each participant purchase travel insurance from a provider they choose that provides for reimbursement for trip delay, missed connections, sickness and/or accident.

**DIETARY / MEAL REQUESTS**

Dietary/meal requests (circle): Kosher / Vegetarian / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL & EMERGENCY INFORMATION (confidential). Please list all:**

Allergies

Prescriptions

Medical conditions

Emergency contact (must be an adult not participating on the mission

Emergency contact name, address, primary phone

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed application (one per person) to

**St. Paul Jewish Federation**

Attn: Marilyn Ruby

790 Cleveland Ave. S.

St. Paul, MN 55116

Tel: 651-695-3181

Or scan and email to: [marilynruby@gmail.com](mailto:marilynruby@gmail.com)

**The St. Paul Jewish Federation reserves the right to limit participation based upon eligibility requirements and space availability.**

**Mission Name: Active Seniors Mission, March 2019**

**Release of Liability for Death, Personal Injury and Property Damage**

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, loss, death or injury by accident, disease, or terrorist acts. I am voluntarily participating in the St. Paul Jewish Federation 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 understand that, in advance of the Mission, I may periodically check the U.S. State Department’s website (<http://www.travel.state.gov>) to see if a travel warning has been issued.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made, the Federation 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, airline travel, ground transportation, meals, lodging, and recreational activities.

In light of the above and in consideration of being permitted to participate in the Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge the Federation, 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, understanding, and negotiations regarding its subject matter. This release shall be interpreted and enforced in accordance with the laws of the State of Minnesota 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 the St. Paul Jewish Federation.

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.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO / IMAGE RELEASE**

I hereby grant permission, without reservation, to the St. Paul Jewish Federation (Federation) to take and 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 Federation.

I recognize that Federation owns the copyright for these photographs.

Name / Signature