FREE Pastor Tour Application The Global Israel Alliance

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FIRST NAIVIE		LAST NAME						
GENDER: CIRCLE MALE FEMALE COUNTRY OF CITIZENSHIP:								
PASSPORT NUMBER (OR WRITE	EXPIRATION DATE:							
DATE OF BIRTH	NAME FOR	BADGE						
YOUR CONTACT INFORMATION								
ADDRESS:		CITY		STATE				
ZIP	HOME PHONE			L PHONE				
CHURCH		CHURCH WEBSITE						
E-MAIL		ARE YOU THE SENIOR PASTOR? (CIRCLE) YES NO						
EMERGENCY CONTACT (NAME A	AND NUMBER)							
DO YOU HAVE ANY PHYSICAL LIMITATIONS OR RESTRICTIONS? IF YES, PLEASE ELABORATE								

The Global Israel Alliance (TGIA), Gateway to Zion (GTZ) or Moshe Rothchild shall not be liable or responsible for any loss or damage which you may sustain to your person or property, or for any loss or damage by reason of any delay, modification, curtailment or arrangement pertaining to the services or facilities to be provided in connection with your participation on the Tour.

You have consulted a physician of your own choice and have been advised by said physician that you are in good health, do not suffer from any physical or mental ailment or disability which requires any medical or surgical care or treatment, or which would make your travel and/or participation on the Tour hazardous, unwise, unwarranted or a potential source of danger to you or to others who may travel with or participate on the Tour.

You acknowledge that Tour activities, including, but not limited to: walking, hiking, climbing steps, bus and airplane travel, may be subject to certain hazards; and further that you are voluntarily participating in the Tour and these activities, and understand the dangers and risks involved. You are aware that in the past there have been terrorist attacks, which must be regarded as an additional risk of travel in Israel. You hereby agree to accept any and all risks associated with participating in the Tour.

In case of medical or surgical emergency, you hereby give permission to the physician selected by GTZ to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for you.

You acknowledge that GTZ is not responsible for securing your personal property during the program or in transit, and is not liable for any loss incurred by theft.

By signing and submitting your application, you thereby acknowledge that you have read and understand this waiver and permission agreement and agree to be bound by its terms and conditions.

Signature		Date
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