



IBEX FAMILY & FRIENDS PROGRAM

IBEX Staff Only

Initials

Date

_____ Deposit _____ / _____ / _____

_____ Final Payment _____ / _____ / _____

_____ Single Supplement _____ / _____ / _____

_____ Welcome Packet _____ / _____ / _____

_____ Orientation Packet _____ / _____ / _____

_____ Final Letter _____ / _____ / _____

_____ Land-Only PAX

_____ Other _____ / _____ / _____

Participant Application

Please fill out this form completely and return it to:

Israel Bible Extension (IBEX)
c/o The Master's University
21726 Placerita Canyon Road Newhall, CA 91321 USA

Or scan and email to:

IBEXoffice@masters.edu

NAME MUST EXACTLY MATCH PASSPORT

Please Print All Information

Instructions

- Please be sure your name matches your passport *exactly*.
- For participants with existing medical conditions, please consult with your physician regarding feasibility of international travel before applying. The program will have participants walking, on average, a mile or two a day over uneven terrain.
- Israel lacks handicap and disability services comparable to the United States. Participants with limited or restricted mobility (wheelchair, walker, etc.) need not apply for the trip due to restrictions on access and lack of available services in Israel.
- The IBEX program is designed for adults. Parents should avoid bringing younger children due to the rigors of international travel, jet-lag, dietary changes, and pace of program. Please check with Dr. Grisanti or the IBEX office or for age appropriateness. The general threshold is that children younger than junior high age cannot participate in the trip. Dr. Grisanti will consider requests for younger children but would need to have confidence in a pattern of respectful behavior.
- Participants wishing to pay by credit card will be charged a 3% fee to offset added costs associated with usage.
- Three payments are anticipated: an initial deposit (non-refundable, non-transferable) that will be applied to final trip costs. A second and third payment for the balance will be due two to three months before departure based upon venue requests.
- Costs are complete based on double-occupancy, including airfare, except for lunches and personal spending money. Transportation, accommodations, breakfast and dinner, entrance and instructional fees are all included. Single room supplement is an additional charge.
- Travel insurance is available and encouraged. It may be purchased from the program coordinator (see trip website).
- Questions regarding the Family & Friends program can be addressed to the IBEX office at TMU.

PERSONAL INFORMATION			
If relevant, Child's FAMILY & FRIENDS SEMESTER <div style="text-align: center;"> <input type="checkbox"/> Fall 2022 <input type="checkbox"/> Spring 2023 </div>			
PASSPORT NAME (Must exactly match passport): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> LAST FIRST MIDDLE </div>			
PREFERRED FIRST NAME/NICKNAME		DATE OF BIRTH (Month/Date/Year) <div style="text-align: center;"> ____/____/____ </div>	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
PREFERRED MAJOR DEPARTURE AIRPORT		MARITAL STATUS <input type="checkbox"/> Married - I will be traveling with my spouse YES / NO <input type="checkbox"/> Single	
LAND-ONLY PARTICIPANTS I will be arranging my own air travel Please check: <input type="checkbox"/> Yes (Please provide flight information below)			
PERMANENT ADDRESS			
CITY	STATE	ZIP CODE/ POSTAL CODE	HOME PHONE WORK PHONE
MAILING ADDRESS (If different from above)			CELL/MOBILE PHONE
CITY	STATE	ZIP CODE/ POSTAL CODE	PREFERRED E-MAIL ADDRESS
PREFERRED ROOMMATE(S) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Prefer Triple Room (when available)			SINGLE ROOM (Private) <input type="checkbox"/> Yes (Single Room Supplement will apply - additional program costs)

PASSPORT INFORMATION (Please attach a copy of front page of passport when available)		
PASSPORT NUMBER	EXPIRATION DATE ____/____/____	ISSUING COUNTRY
STAMPS/VISAS IN EXISTING PASSPORT 		

*****At this point, Israel is not requiring any COVID vaccinations to enter Israel. If that changes (which we are not expecting), we will notify anyone who has registered for the trip immediately.**

MEDICAL INFORMATION																	
<input type="checkbox"/> Allergy <input type="checkbox"/> Asthma <input type="checkbox"/> *Auto-Immune Disorder <input type="checkbox"/> *Diabetes <input type="checkbox"/> Dysentery <input type="checkbox"/> *Epilepsy <input type="checkbox"/> *Foot or Leg Conditions (including knee & hip) <input type="checkbox"/> Gastro-Intestinal Disease <input type="checkbox"/> *Heart Condition <input type="checkbox"/> Hepatitis <input type="checkbox"/> *High Blood Pressure <input type="checkbox"/> *HIV/ AIDS <input type="checkbox"/> *Hypertension <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> *Kidney Condition <input type="checkbox"/> Malaria <input type="checkbox"/> *Mental Health and/or Disorder <input type="checkbox"/> Migraine Headaches <input type="checkbox"/> Mononucleosis <input type="checkbox"/> *Nervous or Neurological Disorder <input type="checkbox"/> Paralysis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Respiratory Disorder or Condition <input type="checkbox"/> Tuberculosis <input type="checkbox"/> OTHER (Please Identify)	<p>Applicants with a condition noted by an asterisk (*) are required to consult with their physician as to the feasibility of participation. Those applicants who identify such conditions are required to provide a medical clearance (a doctor's written permission) as a prerequisite to participation in this program. This program can be physically demanding and may exacerbate existing medical conditions.</p>																
	<p>Do you have formal first responder or medical training? (M.D., R.N., E.M.T., CPR, etc.) Please identify:</p>																
	<p>For any of the following questions, if the answer is YES, please provide an explanation on an additional page:</p>																
	<table border="0"> <tr> <td>Have you ever been under the care of any mental health professional?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Are you receiving medication or under a physician's care for any exiting medical conditions?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Are you allergic to any medication or foods?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Do you have any dietary restrictions?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Do you have any previous history of substance abuse or mental illness?</td> <td>YES</td> <td>NO</td> </tr> </table>		Have you ever been under the care of any mental health professional?	YES	NO	Are you receiving medication or under a physician's care for any exiting medical conditions?	YES	NO	Are you allergic to any medication or foods?	YES	NO	Do you have any dietary restrictions?	YES	NO	Do you have any previous history of substance abuse or mental illness?	YES	NO
	Have you ever been under the care of any mental health professional?	YES	NO														
Are you receiving medication or under a physician's care for any exiting medical conditions?	YES	NO															
Are you allergic to any medication or foods?	YES	NO															
Do you have any dietary restrictions?	YES	NO															
Do you have any previous history of substance abuse or mental illness?	YES	NO															
<p>PLEASE IDENTIFY ANY EXISTING MEDICAL CONDITIONS OR ALLERGIES (INCLUDING FOOD & DIETARY ALLERGIES OR RESTRICTIONS)</p>																	

I hereby give permission to IBEX program staff in Israel to secure a physician, to hospitalize, to secure proper treatment, to arrange medical transportation, to order injections, anesthesia, or surgery in the event of an emergency.

Signature _____ Date ____/____/____

MEDICAL INSURANCE INFORMATION

COMPANY NAME

POLICY NUMBER

COMPANY'S ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

Have you verified that your health insurance policy will cover you while abroad?

☐ Yes
☐ No

EMERGENCY CONTACT INFORMATION

CONTACT NAME

RELATIONSHIP

CONTACT PHONE

HOME:

WORK:

CELL/MOBILE:

CONTACT E-MAIL ADDRESS:

CONTACT FULL ADDRESS

BILLING INFORMATION - PAYMENT METHOD	
Preferred Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
Credit Card Number:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Name as it appears on Credit Card:	Expiration Date: Date: ____/____/____ Security Code: _____

I authorize IBEX to charge my credit card for the following purchases when they come due. Please initial all that apply:

___ Deposit (\$300 non-refundable, non-transferable)

___ Final Payment

___ Single Room Supplement Charge

Signature _____ **Date** ____/____/____

I understand that this deposit secures my place on The Master's University Family and Friends Israel trip and that this deposit is non-refundable and non-transferable in the event I cancel or separate my participation in this program. I also understand that participation in this program may be denied or restricted due to disclosed medical conditions as determined by The Master's University/IBEX program staff. I will also meet all financial deadlines and obligations as stipulated by The Master's University and understand that failure to do so may result in forfeiture of deposits and separation from the program.

Signature _____ **Date** ____/____/____

LAND-ONLY PARTICIPANTS	
FLIGHT INFORMATION	ARRIVAL DATE & TIME INTO ISRAEL
	ARRIVAL FLIGHT NUMBER

I understand that IBEX is not responsible for missed connections or flights, lost baggage, or transportation to and from the airport. IBEX is not responsible for any program elements missed due to flight delays or cancellations, nor will any discounts be granted for missed elements of the IBEX program. Participants traveling land-only bear responsibility for securing travel from Ben Gurion Airport to the hotel. A typical taxi will cost about 100 -125 USD. Be advised that many hotels do NOT maintain 24-hour welcome desks and late-night arrivals may need pre-arrival arrangements with the hotel directly. Please attach a copy of your flight itinerary.

Signature _____ Date ____/____/____

INFORMED CONSENT, ACKNOWLEDGMENT OF RISK, & ASSUMPTION OF LIABILITY

PLEASE READ CAREFULLY

In order to participate in The Master's University (IBEX) Israel Program, the undersigned agrees and acknowledges the following:

1. International travel invariably has its hazards and risks, particularly in countries where standards of health, sanitation, public safety, etc. are different than the United States. The undersigned recognizes that The Master's University (IBEX) has made efforts to ensure participant safety, but that certain factors are beyond the control of IBEX, including, but not limited to, travel and land operations.

I am aware that the activity I am participating in, under the arrangements made by The Master's University (IBEX), has inherent risks and dangers that exist and may occur. These include, but are not limited to, the hazards associated with digging, hiking, climbing, camping, exploring caves, accidents, illness, the forces of nature, terrorism, civil disobedience, Acts of God, acts of war, travel by air, bus, automobile, train, boat, other conveyances, as well as any other unknown hazards.

In consideration of, and as part payment for the right to participate in such activity or the services arranged for me by The Master's University (IBEX) , its employees, or agents, I hereby assume all of the above risks and voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to myself arising as a result of participating in such activity or activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue, and I do for myself, my heirs, executors and administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may arise for myself and for my estate, and agree that under no circumstances will I, or my heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against The Master's University, its employees and agents for any of said causes or action, whether the same shall arise by the negligence of any of said persons or otherwise. IT IS MY INTENTION BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE The Master's University, ITS EMPLOYEES, AND AGENTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH.

I, for myself, my heirs, executors and administrators, or assignees agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against The Master's University, its employees, or agents I shall indemnify and hold harmless The Master's University, its employees, or agents from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage, or wrongful death.

2. The undersigned agrees to waive and release The Master's University, an independent corporation, and all persons and entities in interest with The Master's University, including administrators, faculty members, staff members, and other employees, agents, and representatives of The Master's University, of and from any and all claims, actions, or suits, for personal injury, death, property damage, or loss sustained by the undersigned in connection with the The Master's University Program.
3. The undersigned understands that The Master's University has the authority to establish rules necessary for the operation of the program, and that should The Master's University decide that a participant must be separated from the program because of violation of such rules, for disruptive behavior, for indifference to, or failure in, academic course work, or for conduct which could bring the program and/or college into disrepute or danger, that decision will be final and without appeal. All loss and expense incurred in the event of the termination of the undersigned's participation in the program, including the cost of travel and loss of academic work, must be borne by the undersigned. Furthermore, The Master's University will not provide remedy for loss of academic program in the event of repatriation. The undersigned will bear full responsibility and academic consequence for program termination.
4. The undersigned understands and agrees that The Master's University is not responsible for cancellation or changes in travel and program schedules or adjustments in announced fees for the program caused by changes in air tariffs, lodging rates, or fares charged by those engaged for such services. The undersigned further agrees that in the event of an act of war, terrorism, Act of God, natural disaster, or other emergency, which causes this program to be cancelled in whole or in part, any refund due the undersigned will be determined by The Master's University at its discretion.
5. The undersigned understands and agrees that The Master's University is not responsible for medical expenses if the undersigned requires medical treatment during participation in the program. If the undersigned is physically incapacitated for medical reasons, the undersigned agrees that The Master's University, or its representatives, may make arrangements for the medical care of the undersigned in emergency circumstances and any such medical expenses are the responsibility of the undersigned. Furthermore, the undersigned agrees that he/she has in effect a policy or policies of medical and hospitalization insurance providing medical and hospital expense benefits, and that the policies are in full force during the time period in which the undersigned is a participant in the program.
6. The undersigned recognizes that the program requires physical ability. The Master's University reserves the right to limit, or restrict, participation in the program or certain course activities of individuals who, in the estimation of The Master's University, may physically or medically endanger themselves, or hinder the program. The undersigned agrees to comply with all directives given by The Master's University. The undersigned recognizes that standards of access differ significantly in Israel than the United States and that the IBEX program cannot guarantee access, or accommodate access, to every program site.

7. The undersigned recognizes that the application fee is non-refundable or transferable. Further, the undersigned agrees to provide all payments connected with the program on the assigned due dates and may be held liable for expenses incurred due to delays in payment or separation.
8. The undersigned recognizes that The Master's University does not discriminate on the basis of gender, race, color, or ethnic origin. However, course participation may not be feasible for those with certain physical limitations. The Master's University reserves the right to limit or exclude program participation in this event. Furthermore, participants acknowledge that The Master's University cannot not provide or guarantee against food allergies or dietary restrictions.
9. The undersigned recognizes that standards of dress and conduct vary within the communities encountered while abroad. The undersigned agrees to abide by dress and conduct standards set by The Master's University in the interest of bearing proper Christian testimony before these communities. The undersigned agrees to abide by cultural directives provided by program staff.
10. The undersigned gives The Master's University the right to access and review admissions materials, student life files, financial aid records, academic transcripts, and any other personal student records connected to the undersigned, and that such material may be used to determine eligibility for participation in the program. Furthermore, the undersigned waives notification rights connected with the accessing of such materials. The undersigned waives rights to access The Master's University application materials or any reference or file materials kept in connection with the undersigned.
11. The undersigned agrees to abide by the spirit of The Master's University *Student Life Handbook* while participating in the program. Failure to abide by the *Student Life Handbook* will be considered as grounds for program exclusion or termination. (A copy of which is available in the Student Life Office at The Master's University)
12. The undersigned has thoroughly discussed the above with family and relatives, including details of program participation and potential risks and hazards, and reached mutual agreement regarding if and when the participant should be repatriated due to concern.
13. The undersigned acknowledges informed consent regarding the rigors and potential hazards associated with the program including, but not limited to, the current political situation in the Middle East and United States State Department Warnings regarding Israel and the Disputed Territories. The undersigned assumes full and total personal responsibility in light of such information.
14. The undersigned recognizes that The Master's University is not responsible for changes in airline travel brought about by flight delays, cancellations, missed baggage, mechanical issues, missed connections, etc. Any consequent resulting from such is the responsibility of the participant. The Master's University cannot be held responsible and will not reduce

program fees or refund money due to travel issues. Participants arriving to, and traveling from, on a flight reservation other than the group reservation for the trip (i.e., “Land-Only”) are completely responsible for all travel, including travel to and from the airport (in case they arrive after the group’s arrival or before the group’s departure).

15. Participants are strongly encouraged to take out travel insurance from reputable insurance agency if they are concerned about potential monetary loss.

Please see <http://tinyurl.com/q29oy93> for additional information. Or contact our travel agent, Craig Dunning, craig@discipleshiptravel.com, with basic information questions. You may also purchase travel insurance through a vendor of your choice. You need to carefully read the details of the policy you purchase. **Neither Craig or I are able to give travel insurance advice.**

Please check the answer that applies to you and provide your signature in the place provided. It is important that we clearly present the option for travel insurance and you register your decision.

I acknowledge that international travel has inherent risks, and I have been made aware of and have evaluated my need for travel insurance.

I WILL ☐ WILL NOT ☐ purchase travel insurance _____ (initial here).

16. The undersigned recognizes that standards of living defer in Israel. Participants with food allergies cannot be accommodated. Participants will be responsible for securing dietary needs independent of the IBEX program. Those with Gluten or Lactose allergies should be advised that finding gluten free or lactose-free foods is extremely difficult in Israel, and the risk of cross-contamination is both high and likely.

I hereby acknowledge that I have read the foregoing paragraphs, have been fully and completely advised of the potential dangers (risks) incidental to engaging in the activities and am fully aware of the legal consequences of signing this instrument.

PARTICIPANT SIGNATURE _____

NAME (Please Print) _____

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

(If participant is under 18 years of age)

DATE _____