



IBEX Staff Only

Initials

Date

_____ Deposit _____ / _____ / _____

_____ Final Payment _____ / _____ / _____

_____ Single Supplement _____ / _____ / _____

_____ Welcome Packet _____ / _____ / _____

_____ Orientation Packet _____ / _____ / _____

_____ Final Letter _____ / _____ / _____

_____ Land-Only PAX _____ / _____ / _____

_____ Other _____ / _____ / _____

FRIENDS & FAMILY PROGRAM

Participant Application

Please fill out this form completely and return it to:

IBEX Office Box #16
c/o The Master's University
21726 Placerita Canyon Road
Newhall, CA 91321

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, two to three miles a day over uneven terrain.
- Israel lacks handicap and disability services comparable to the United States (ADA). Participants with limited or restricted mobility (wheel chair, walker, etc.) are discouraged from applying 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. Behle regarding age appropriateness.
- Participants wishing to pay by credit card will be charged a 3% fee to offset added costs associated with usage.
- Two payments are anticipated: an initial deposit (non-refundable, non-transferable) that will be applied to final trip costs. A final payment for the balance will be due two 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 travel agent.
- Travelers with dietary restrictions should talk with the IBEX Office before applying.
- Questions regarding the Family & Friends program can be addressed to the IBEX office at TMU.

Program Costs:

\$4,500/person based upon double-occupancy (two to a room)

\$900/person - single supplement (Private Room). Please alert us to this ASAP.

\$3,500/person - Land-Only (no airfare)

Price includes round-trip airfare to Israel from LAX; hotels, breakfasts and dinners; tips; transportation, entrance fees, instructional materials; and other program related costs.

Price does NOT include lunches, personal spending money, travel insurance, or non-program related deviations or expenses including additional costs for non-LAX departure/arrivals; European stay overs; or any Israeli accommodations or transportation due to early/late arrivals into Israel. For those flying to/from non-LAX gateways in the US, our travel coordinators do their best to minimize (or eliminate) added costs. We can put you in direct contact with them about additional costs. They can also arrange for hotels, transportation, etc in Europe.

Land-Only passengers are responsible for airport transfers and additional housing costs for non-program related arrivals. We can NOT alter the program for early departures or late arrivals.

3% surcharge is applied when using credit card, that does not count towards the cost of the trip.

\$450 non-refundable deposit to secure reservation at time of application; balance of payment due early-September.

PERSONAL INFORMATION

Are you family and/or friend of an IBEX student? (if so, who?) ☐ Family ☐ Friend ☐ Neither

PASSPORT NAME (Must exactly match passport)		
LAST	FIRST	MIDDLE

PREFERRED FIRST NAME/NICKNAME

DATE OF BIRTH (Month/Date/Year)

____/____/____

PREFERRED MAJOR DEPARTURE AIRPORT

MARITAL STATUS	
<input type="checkbox"/> Married - I will be traveling with my spouse	YES / NO
<input type="checkbox"/> Single	

☐ Married - I will be traveling with my spouse YES / NO

☐ Single

LAND-ONLY PARTICIPANTS

I will be arranging my own air travel

Please check : ☐ Yes

I will be arranging my own air travel

Please check : ☐ Yes

Please check : ☐ Yes

PERMANENT ADDRESS

CITY

STATE

ZIP CODE/
POSTAL CODE

HOME PHONE
WORK 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)

☐ Spouse ☐ Dependent ☐ Prefer Triple Room (when available)

SINGLE ROOM (Private)

☐ Yes

(Single Room Supplement will apply - additional program costs)

☐ Yes

(Single Room Supplement will apply - additional program costs)

(Single Room Supplement will apply - additional program costs)

☐ Spouse ☐ Dependent ☐ Prefer Triple Room (when available)

PASSPORT INFORMATION		
(Please attach a copy of front page of passport when available)		
PASSPORT NUMBER	EXPIRATION DATE ____ / ____ / ____	ISSUING COUNTRY
STAMPS/VISAS IN EXISTING PASSPORT		
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)	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.	
	Do you have formal first responder or medical training? (M.D., R.N., E.M.T., CPR, etc) Please identify:	
	For any of the following questions, if the answer is YES, please provide an explanation on an additional page:	
	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	

PLEASE IDENTIFY ANY EXISTING MEDICAL CONDITIONS OR ALLERGIES (INCLUDING FOOD & DIETARY ALLERGIES OR RESTRICTIONS)

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 _____ Da te ____ / ____ / ____

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?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

CONTACT NAME		RELATIONSHIP
CONTACT PHONE HOME WORK CELL/MOBILE CONTACT E-MAIL ADDRESS		CONTACT FULL ADDRESS

PAYMENT METHOD

Preferred Payment Method

- ☐ Cash
- ☐ Check
- ☐ Credit Card (please use the secure payment portal link on our website, under "Cost & Payment")

Cash/Checks can be mailed to the address on the front of this application.

I understand that this deposit secures my place on the Friends & Family Israel program 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

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 consequence 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, programs ("Land-Only") are completely responsible for all travel, including travel to and from the airport. Participants are encouraged to take out travel insurance from reputable insurance agency if they are concerned about potential monetary loss.
15. 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)