

IBEX ALUMNI 30-YEAR REUNION TOUR

June 14 – 25, 2026
Enrollment Application



ISRAEL-BIBLE
EXTENSION
PROGRAM

Please print neatly. Please submit with a \$350 non-refundable deposit and a copy of your passport page (if available).

GENERAL INFORMATION:

Please note: Name must be exactly as it appears on your passport. Please check spelling.

Name: _____
Last First Middle Gender

Mailing Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone: _____ Date of Birth: _____ Marital Status: _____

E-Mail: _____ Which semester did you attend IBEX?: _____

Country of Citizenship: _____ Passport #: _____

Preferred Roommate: _____ Passport Expiration Date: _____

In Case of Emergency notify:

Name: _____ Relationship: _____ Email: _____

Address: _____
Street City State Zip Telephone

MEDICAL HISTORY AND INFORMATION:

Please identify the existence of any of the following medical conditions, approximate date of diagnosis, and treatment. (Use a separate sheet of paper if necessary.)

Allergy	_____	Asthma	_____
Amoebic Dysentery	_____	Cancer	_____
*Diabetes	_____	*Paralysis	_____
*Epilepsy	_____	*Foot or Leg Conditions	_____
*Gastro-Intestinal	_____	*Heart Condition	_____
*High Blood Pressure	_____	Hypoglycemia	_____
Hepatitis	_____	Mononucleosis	_____
*Kidney Condition	_____	Migraine Headache	_____
Malaria	_____	Rheumatic Fever	_____
*Mental Disorder	_____	Pneumonia	_____
*Mental Health Condition	_____	Tuberculosis	_____
*Nervous Disorder	_____	Other	_____
HIV/AIDS	_____		

PLEASE NOTE: Applicants with a condition 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 as a prerequisite to participation in the program. The program is physically demanding and may exacerbate existing medical conditions.

For any of the following questions, if the answer is YES, please provide an explanation on the reverse of this page.

Do you have any apprehension regarding your health and program participation? ☐ 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 medical condition? ☐ YES ☐ NO

Are you allergic to any medications or foods? ☐ YES ☐ NO

Do you have any dietary restrictions? ☐ YES ☐ NO

Do you have any previous history of substance abuse? ☐ YES ☐ NO

Are there any other medical conditions or information that we should know about you?

INSURANCE INFORMATION:

Company: _____

Policy Number: _____ Phone Number: _____

Address Number and Street: _____

City or Town: _____ State: _____ Zip Code: _____

Have you verified that your health insurance policy will cover you while abroad? ☐ YES ☐ NO

It is important that the participant recognize that medical and hospital bills will probably have to be paid in full before a patient will be discharged. The Master's University is not responsible for covering medical expenses while abroad. Participants should have a credit card or contingency funds to cover unexpected medical treatment.

INFORMED CONSENT, ACKNOWLEDGEMENT OR RISK AND ASSUMPTION OF LIABILITY

PLEASE READ CAREFULLY: In order to participate in The Master's University (TMU) IBEX Reunion Tour (TMU Program), the undersigned understands and agrees as follows:

1. International travel invariably has its hazards and risks, particularly in countries where standards of health, sanitation and public safety are different than the United States. The undersigned recognizes that TMU has made efforts to provide for participant safety. The undersigned also recognizes that there are inherent risks associated with participation in the TMU Program which include, but are not limited to, certain matters that are identified below. The undersigned hereby acknowledges and agrees as follows:

I am aware that the activity I am participating in, under the arrangements made by TMU, or otherwise in connection with the TMU Program, 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 partial consideration for, and as a condition to the undersigned's right to participate in the TMU Program, (including the activities described herein), I hereby assume all of the above risks and voluntarily release The Master's University, its agents and assigns, and do hereby discharge, waive and relinquish any and all claims, causes of action, damages, personal injury, loss, 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 cases 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 damage, injury, loss, property damage, or wrongful death against TMU, its employees and agents for any of said causes of actions, 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 CAUSED BY NEGLIGENCE.

2. The undersigned agrees to indemnify and hold harmless TMU, its agents, employees, and all other persons acting in its behalf, from any loss or claim of any kind arising out of, relating to, or in connection with the undersigned's participation in the TMU program. The undersigned further agrees to be responsible for all claims, liabilities, obligations, financial or otherwise, incurred by the undersigned during the term of the TMU Program, including those incurred in Israel. The undersigned acknowledges that the possible claims covered by this indemnity and release are unknown, and the undersigned does hereby intend and does hereby expressly waive the provisions of the California Civil Code 1542 which reads as follows :

"A general release does not extend to claims which the creditor does not know or suspect of exist in his/her favor at the time of executing the release, which is known by him/her must have materially affected his/her settlement with the debtor."

3. The undersigned understands that TMU has the authority to establish rules necessary for the operation of the program, and that should TMU decide that an individual must be separated from the program because of violation of such rules, for disruptive behavior, or for conduct which could bring the program and/or TMU into disrepute or danger, that decision will be final and is not appealable. No money will be refunded in the event of termination of the undersigned's participation in the program, and all expenses associate with the termination, including the cost of travel and loss of academic work, must be borne by the undersigned. Furthermore, TMU will not provide remedy for loss of academic program in the event of repatriation. The undersigned will bear full responsibility and academic consequence for the program termination.

4. The undersigned agrees to respect the people while in a foreign country and abide by the laws of such countries. The undersigned agrees to comply with the directives of the teachers and faculty leading the TMU Program. 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 TMU in the interest of bearing a proper Christian testimony before these communities.
5. The undersigned understands and agrees that TMU 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 TMU at its discretion.
6. The undersigned understands and agrees that TMU 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 TMU, 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 internationally, and that the policies are in full force during the time period in which the undersigned is a participant in the program.
7. The undersigned recognizes that the program may be physically rigorous. TMU reserves the right to limit, or restrict, participation in the program or certain course activities of individuals who, in the estimation of TMU, may endanger themselves, or hinder the program. The undersigned agrees to comply with all directives given by TMU. Participants may be required to walk/hike for long hours on consecutive days, uphill, downhill, on uneven steps and sometimes over rocks. Depending on the time of year of the program weather conditions can be very hot and dry. These physical difficulties are further complicated by the fact that North Americans arriving to Israel experience a change in time zones (lack of sleep, jet lag) and dietary conditions. Therefore, this program is not appropriate for persons who have any apprehension whatsoever regarding strenuous physical exertion. Certain applicants may be required to provide a physical examination form signed by a physician before acceptance into the program.
8. The undersigned recognizes that the application fee is non-refundable nor 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.
9. The undersigned recognizes that TMU does not discriminate on the basis of gender, race, color, or ethnic origin. However, course work may not be feasible for those with certain physical limitations. TMU reserves the right to limit or exclude program participation in such event.

10. I hereby voluntarily give TMU the right to use and exhibit, in any medium, photographs or videotape of me in connection with this study abroad program in university publications, including Web content.

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

PARTICIPANT SIGNATURE: _____

NAME (please print): _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE: _____

(If participant is under 18 years of age)

Please mail or scan application to: ibexoffice@masters.edu OR The Master's University, IBEX Office Box #16, 21726 Placerita Canyon Road, Santa Clarita, CA 91321