



**Israel Unparalleled (Food/Wine/Art)  
June 4 – 12, 2017**

- Please initial \_\_\_\_/\_\_\_\_ I/We understand if I/we cancel, cancellation fees will be charged
- Please initial \_\_\_\_/\_\_\_\_ I/We understand the purchase of insurance is suggested
- Please initial \_\_\_\_/\_\_\_\_ I/We understand I/we must make and fulfill my/our 2017 minimum household gift of \$10,000.00
- Please initial \_\_\_\_/\_\_\_\_ I/We understand a \$2500.00 per person deposit will be charged upon receipt of application
- Please initial \_\_\_\_/\_\_\_\_ I/We understand mission costs are subject to change
- Please print information clearly (Each participant must fill out a form).

**Land Cost: \$7575.00 per person, based on double occupancy  
Land Cost Single: \$9975.00**

**Personal Information**

**NAME**

Title (Mr., Mrs., Ms., Dr., Miss)	Full name exactly as appears on passport (First, Middle, Last)

Place of Birth	Mother's Maiden Name

**Gender**                       Male       Female

**Passport Information**

**Please submit a copy of your passport with your application.**

**\*Passports must be valid for at least six months beyond the return date of the mission.**

Passport #	Issue Date	*Expiration Date after December 18, 2017	Country of Issue	Citizenship	Date of Birth (MM/DD/YYYY)

**Contact Information**

Street	
Apt/Suite #	
City/State/Zip	
Home Phone	(    )
Work Phone	(    )
Cell Phone	(    )

Participant Name \_\_\_\_\_

**MIDDLE EAST VISITS**

Other than Israel, which Middle East countries (and dates) have you travelled to in the last 12 months?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Hotel/Room Assignments**

**Room Type - Please check applicable boxes:**

*Room requests will be accommodated pending availability.*

- Double Room
- King Bed
- Shabbat Observant
- Single Room (additional charge)
- Twin Beds
- Room Upgrade (additional charge)  
Room upgrades are based on availability at time of request

**Please reserve additional nights (additional charges apply)**

- Double Room
- Single Room (additional charge)

Prior to start of mission:

City: \_\_\_\_\_ Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

After end of mission:

City: \_\_\_\_\_ Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

If you are sharing a room, please specify roommate's name:

\_\_\_\_\_

Participant Name \_\_\_\_\_

**Billing/Payment**

**Prior to the mission’s departure, all known and pre-arranged costs must be fully paid.**

These include but are not limited to mission cost, air, room upgrades, early check-ins and/or late arrivals, transfers, etc.

**Extras or “incidentals” incurred during the mission will be charged automatically to the same card following the mission.**

**Charges to your credit card will be made as follows:**

- \$2,500 will be charged for deposit upon receipt of your application.
- Balance of the Mission will be charged approximately 60 days before the mission is scheduled to leave the U.S.

**Cancellation Fees:**

**From: January 1 – January 31 - \$1250.00**

**From: February 1 – February 28 - \$2500.00**

**After March 1 - there are no refunds**

I hereby authorize The Jewish Federation of Greater Los Angeles to charge the credit card provided below. I understand that these payments are necessary in order to reserve all land costs. I further recognize that these payments are payments for services (i.e., airfare, hotels, etc.) and not charitable contributions. In addition, I authorize the charging of this card for all unpaid incidentals and extras incurred during the mission.

\_\_\_\_\_  
Signature of Participant

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

\_\_\_\_\_  
Date

**Credit Card Information (check one):**

Visa    Master Card    Discover    AmEx

Cardholder’s Name: \_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**This is not a tax deductible donation**

Participant Name \_\_\_\_\_

**TRAVEL INSURANCE**

\_\_\_ / \_\_\_ PLEASE INITIAL: I / We understand that The Jewish Federation strongly recommends that each participant purchase travel insurance from a provider of his/her choosing, World Express Travel – (818) 654-2880 or from Travel Guard – (800) 826-4919, ([www.travelguard.com](http://www.travelguard.com)) which provides for reimbursement for trip delay/missed connections, sickness medical expense, accident medical expense, lost baggage/personal effects, baggage delay, etc. It is suggested that you purchase travel insurance within 7 days of submitting your mission application.

**Travel Arrangements**

You have the option of purchasing your tickets either through World Express Travel – Orit Topf, (818) 654-2880 for which you will be billed separately or you may do so through your own travel agent. **For those booking travel through your own agent, please send a copy of your flight itinerary as soon as it is possible.**

**Suggested flight:**

June 4      EI Al 6   Los Angeles/Tel Aviv   1:15pm - 1:45pm (June 5)  
June 12     EI Al 5   Tel Aviv/Los Angeles   1:00am - 6:25am (June 12)

**START OF MISSION TRAVEL ARRANGEMENTS:**

- I will depart on the mission’s suggested flight
- I will meet the group in Israel
- Please make arrangements for me to be met at the airport (additional charge)
- Please arrange a transfer from the airport to the hotel (additional charge)

Arrival at destination:

Airline	Flight #	From	Date	Time	AM/PM
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Class of Service: First \_\_\_\_\_ Business \_\_\_\_\_ Coach \_\_\_\_\_ Window \_\_\_\_\_ Aisle \_\_\_\_\_

**END OF MISSION TRAVEL ARRANGEMENTS:**

- I will depart on the mission’s suggested flight
- I made my own reservation for return.
- Please make arrangements for me to be taken to the airport (additional charge)
- Please arrange airport assistance (additional charge)

Departure:

Airline	Flight #	To	Date	Time	AM/PM
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Class of Service: First \_\_\_\_\_ Business \_\_\_\_\_ Coach \_\_\_\_\_ Window \_\_\_\_\_ Aisle \_\_\_\_\_

Participant Name \_\_\_\_\_

**Dietary/Meal Requests**

Kosher: (please specify level of Kashrut required): \_\_\_\_\_  
Note: Some restaurants **may not** be kosher)

Vegetarian

Other (please specify): \_\_\_\_\_

**Medical & Emergency Information**

**All medical and emergency information will be held confidential by The Jewish Federation, and will only be shared with appropriate medical and mission personnel, in case of emergency.**

**Medical Information**

Allergies: \_\_\_\_\_

Prescriptions and doses: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

**Signature**

Print Name	Signature	Date

**Please return this application with your payment to:  
The Jewish Federation  
6505 Wilshire Boulevard, Suite 1000  
Los Angeles, CA 90048  
Or fax to: (323) 761-8443 – Attn: Laurie Crasnick**

Participant Name \_\_\_\_\_

### ACKNOWLEDGMENT, AGREEMENT AND RELEASE

Thank you for joining The Jewish Federation's ("JFC") Israel Unparalleled Trip to Israel. The Israel Trip is coordinated and led by World Express Travel ("Trip Organizer"), which is not an affiliate of JFC. In consideration of JFC accepting your application, you, the undersigned Participant ("Participant"), acknowledge and agree to the following terms and conditions.

1. **Participant hereby acknowledges that :** (i) Participant will be traveling to participate in an educational trip to cities and other locations in Israel or to volunteer in Israel; and (ii) JFC is not the operator of the Israel Trip and is not affiliated with and does not supervise or direct the activities of Trip Organizer; and (iii) Participant must participate in the Israel Trip pursuant to the terms and responsibility of the Trip Organizer and not JFC.

2. **Participant hereby further acknowledges that:** (i) Participant is aware of risks of travel to Israel, including risks associated with safety and security, and has read, or has had the opportunity to read, the U.S. Department of State's Travel Warnings for travel to Israel, the West Bank and Gaza (found at <http://www.travel.state.gov>), encouraging U.S. citizens to defer such travel, and for U.S. citizens already there, to avoid certain locations including, but not limited to, crowded venues, pedestrian zones, public buses, bus stops, shopping areas, malls, restaurants and cafes; and (ii) Participant understands that risks of travel on the Israel Trip include, but are not limited to, property damage and loss, death or injury by accident, disease, terrorist attacks, or military action or by any of the activities that Participant may engage in while on the Trip, including, but not limited to, water activities, hiking and climbing on steep, rocky and/or slippery terrain, outdoor sleeping, and transportation by land, air and water. *Participant expressly and freely assumes any and all risks of death, bodily injury, or property loss or damage sustained while participating in or otherwise arising in connection with the Israel Trip.*

3. **Participant hereby further acknowledges:** (i) that Participant has read about the Israel Trip, including all terms and conditions regarding deposits, refunds, cancellations, liability, and understands that changes in dates, itinerary, leadership, activities, accommodations, or transportation may be necessary; (ii) that Participant is in good health and knows of no medical and or personal reasons why he/she should not participate in the Israel Trip; and (iii) **JFC does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage or life insurance coverage for the benefit of Participant, and expressly disclaims any responsibility or obligation to do so.**

4. **In light of the above and in consideration of being permitted to participate in the mission, Participant, for himself/herself and his/her respective heirs, successors and assigns, hereby and forever releases and discharges JFC and its members, directors, trustees, officers, employees, contractors, agents, affiliates, agencies, synagogues, successors and assigns (collectively "Releasees"), from, and covenants not to sue, or commence arbitration or other proceedings against, any of the Releasees with respect to, any and all claims, actions, causes of action and demands of every kind and nature in law, equity, or otherwise, known or unknown, suspected or unsuspected, disclosed or undisclosed, for damages, losses, liabilities, costs and expenses, actual or consequential, past, present and future, arising out of or in any way related to Participant's travel to Israel, participation in and involvement with the Israel Trip and Trip Organizer *even if such damages, losses, liabilities, costs and expenses arise in part or in whole out of the negligence or carelessness of Releasees.* Further, Releasees shall not have responsibility or liability whatsoever for any action or omission of Trip Organizer or any of Trip Organizer's employees or agents.**

**Participant hereby expressly waives** the provisions of Section 1542 of the Civil Code of the State of California which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

5. **Participant hereby represents and warrants:** (i) that this Acknowledgment, Agreement and Release ("Release") is executed without reliance upon any statement or representation by any of the Releasees, or their respective representatives, concerning the nature and extent of damages, if any, and of legal liability, if any; and (ii) that, unless the Parent or Guardian Waiver set forth below has been fully executed, Participant is of legal age, legally competent and authorized to execute this Release.

6. If any provision of this Release is held to be invalid, it is agreed that the balance of this Release shall be enforceable in accordance with its terms. This Release will be governed by and construed according to the laws of the State of California. The

Participant Name \_\_\_\_\_

parties hereby expressly consent to the personal jurisdiction of the state and federal courts located in Los Angeles County, California for any lawsuit arising from or related to this Release.

7. In the event of any matter involving this Release, the person(s) not prevailing shall pay the attorneys’ fees and costs of the person(s) prevailing in any such matter.

**I am at least 18 years of age and competent to sign this release. I have read this Release in its entirety and understand its contents. I have consulted, or have had the opportunity to consult, my own legal counsel as to the Release’s meaning and legal effect. I am freely and voluntarily signing this Release, aware that this Release is a legally binding document and I am releasing significant legal rights. This Release shall be binding on me, my legal representatives, heirs and assigns.**

<b><u>Israel Unparalleled</u></b> <b>Mission/Trip Name</b>	<u>Date: June 4 – 12, 2017</u>
_____ Printed Name of Participant	_____ Signature of Participant

**Photo or Other Recording Release**

Participant hereby authorizes JFC (i) to take, produce and use Participant’s recorded voice or image, written materials, and/or photographs (digital or film) in which Participant may be included in whole or in part (the “Authorized Materials”), in connection with JFC marketing materials, promotion, media dissemination and fundraising (the “Authorized Uses”), (ii) to use the Authorized Materials in conjunction with Participant’s first and/or last name, a fictitious name or without identification; and (iii) to retain all rights, title and interest Participant may have in the Authorized Materials, including the right to copyright, use, publish, exhibit and broadcast the Authorized Materials for the Authorized Use.

**I am at least 18 years of age and competent to sign this release. I have read this Release in its entirety and understand its contents. I am freely and voluntarily signing this Release.**

<b><u>Israel Unparalleled</u></b> Mission/Trip Name	<u>Date: June 4 – 12, 2017</u>
_____ Printed Name of Participant	_____ Signature of Participant