
Waiver and Agreements

Trip Operations

Trip Requirements:

I understand that full participation in all 3 Phases of the Passages program is required:

Phase 1: Pre-Trip Requirements

- Completion of the Passages Pre-Trip Course
- Completion of the Pre-Trip Course Report
- Completion of the Pre-Trip Survey

Phase 2: Trip Requirement

- Engaged attendance with all Passages itinerary items during the trip including but not limited to site visits, lectures, an organized time of worship, and group debrief sessions.

Phase 3: Post-Trip Requirements

- Completion of the Post-Trip survey within a week of arriving home from the Israel trip
- Completion of 3 Passages NOW (post-trip engagement) assignments within 45 days of your return from Israel.

Cost Agreement:

I understand that I am responsible for the following costs:

Trip Package Cost:

Registration: An online payment of \$880* is due following acceptance. This includes:

- \$550 non-refundable administrative fee
- \$200 programmatic deposit, refundable upon completion of three credits worth of Passages NOW projects within 45 days of your return from Israel
- \$130 gratuity/tip for Israeli tour guide and bus driver

* Please note that this total is the standard cost of the trip and may not be reflected on the amounts otherwise discussed with partner organizations. The registration fee, listed or otherwise, does not include any variable transaction fees that will occur during the time of payment.

Additional Costs:

Trip Cash:

- \$80 to be changed to Israeli shekels to cover 4 lunches during the trip
- Spending money

Domestic flight to the designated gateway city if applicable to individual

What is Included in the Trip Package?

- Passages covers the cost of international airfare, lodging and most meals in Israel, site entrance fees, program costs, transportation within Israel, and limited health insurance (does not cover pre-existing conditions).

What is Not Included?

- Personal expenses while in Israel (room charges, toiletries, souvenirs, etc.)
- Domestic airfare to the international gateway city and four lunches

Agreement: Allergy/Medical Disclosure

Passages must be notified of any allergies and/or pre-existing health conditions. Should you have allergies that might require the use of an EpiPen, we ask that you bring two EpiPens if at all possible: one to carry with you and one that the tour guide or medic will carry.

Agreement: Christian Based Program

I understand that Passages is a Christian faith-based, interdenominational organization and that the Passages Israel trip itinerary is catered to a Christian audience, including visits to historical sites in Israel relevant to Christianity. I understand that also included in the Passages itinerary are sites and speakers related to the modern geopolitical situation surrounding Israel and the Middle East. With this in mind, I agree to be respectful of other participants, Passages staff, including Israeli tour guides, guards, and bus drivers, as well as speakers who may present on any given topic.

Agreement: Full Participation

I understand that the Passages program is rigorous, involving long days of touring and programming which extends to late evening hours. With this in mind, I agree to persevere through potential fatigue, to be punctual to all stated meeting times and to maintain a positive attitude.

Agreement: Passport is True

I have submitted all information as it appears on my passport, and I have double checked that the name on this form matches exactly with what is stated on the passport. I understand that I will be charged any name change fees, which begin at \$300, if there are any discrepancies between the name submitted on this form and the name as it appears on the passport. If I do not yet have a current passport, I have entered my legal name and birthday as it will appear on my updated passport.

Agreement: Travel Documentation Submission

I agree to submit my passport and other necessary travel documents by the appropriate deadline that Passages has communicated to me. I understand that failure to do so will jeopardize my spot on the trip and will accept all financial responsibility that comes from it. This includes but is not limited to application fees, shipping expenses, and other overhead costs that comes from acquiring necessary travel documents.

Waiver and Release of Liability

Agreement: Accepted Conditions
Passages America Israel

WAIVER & RELEASE OF LIABILITY

I have voluntarily applied to participate in the Passages Israel trips program ("Program"). I understand that there are risks associated with my participation in such a Program, including without limitation to risks associated with general touring activities, outdoors activities, sporting activities, overnight stays, transportation and travel within the United States as well as international travel including but not limited to increased security and safety risks due to the prevalence of crime, terrorism, political conflict, and limited availability of medical facilities that meet standards to which I am accustomed. I acknowledge that the nature of the Program may expose me to hazards or risks that may result in my illness, psychological trauma, personal injury or death, and I understand and acknowledge the nature of such hazards and risks.

In consideration for and as a condition to my participation in the Program:

I Accept All Risk

I hereby accept all risk that may result from my participation in the Program, and I hereby fully and unconditionally release and forever discharge Passages America Israel, Inc, and each and all affiliated entities, governing boards, trustees, directors, officers, agents, employees, independent contractors, volunteers, donors, advisors, parent/legal guardians or other chaperones, administrators, faculty, attorneys, insurers, representatives and any other person acting by, through, under, or in concert with any of such persons or entities, and their successors and assigns (collectively referred to herein as "Passages"), from any and all liability to me, all members of my family, my personal representatives, estate, executors, administrators, heirs, next of kin and successors and assigns for any and all claims and causes of action for loss of or damage to my property (either owned or rented by me) and for any and all illness or injury to my person, psychological trauma, and including my death that may result from or occur during and/or related to my participation in the Program, whether caused by the intentional acts, negligence or carelessness of any person or entity, including but not limited to any claims for negligence, negligent supervision and/or negligent provision of medical care and/or medication. This release extends and applies to, and covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof, occurring in connection with and/or in any way related to my participation in the Program at any time after the execution of this Waiver and Release.

Travel Associated Risk

I agree that Passages is not responsible or liable for any injury, damage, loss, costs, refunds,

expense, accident, delay, scheduling changes, cancellation or other irregularity which may be caused by third party travel companies or the transportation carriers or other companies or persons engaged in providing or performing any of the services involved in the Program or that may otherwise occur during the Program. I understand that travel insurance is available at my own initiative and option completely independent of Passages. I understand that travel insurance is not available nor offered by Passages, and any purchase of such insurance must be made by my own choosing completely independent of Passages.

Modifications to the Itinerary

I understand that the sample itinerary for the Program included in any marketing material is subject to change at the sole discretion of Passages. I further understand that any itinerary documentation distributed as part of pre-trip preparation materials is also subject to change at the sole discretion of Passages.

Property and Financial Responsibility

I understand that I will be required to pay for any phone calls and other incidental personal expenses that I incur while participating in the Program. I acknowledge I will be required to pay for any damage I cause to property of others. Further, I understand that Passages is not responsible for any lost or stolen cell phones. I recognize it is my responsibility to notify the cell phone company directly of any issues relating to a cell phone, including damage, theft, unwanted calls, etc. I have been encouraged not to bring valuable items on the Program. I agree to indemnify and hold Passages harmless from any financial liability or obligation which I personally incur, or for any injury or damage to the person or property of others which I cause or to which I contribute while participating in the Program. I understand that Passages shall not be liable for any of my property (whether owned or rented) which is damaged, lost or stolen throughout the duration of the Program, and thereafter.

Medical Contingencies and Consent to Treatment

I agree that if I become ill or incapacitated in any way I hereby unequivocally authorize Passages to take any action it deems necessary for my safety and well-being, including securing medical treatment (at my own expense) and making arrangements for transporting me home. I understand that in such instances I will not be entitled to any refund of paid Program fees or costs and that all travel arrangements, costs and liabilities associated with being sent home, including the cost of an escort, will be the sole responsibility of me and my parent/legal guardian.

I further agree if Passages agents provides over-the-counter medicines (Advil, Tylenol, etc.) to me, that I will hold Passages, any agent of Passages, Fellows, Faculty, employee or board member harmless in all respects whatsoever.

I represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage within the countries included in the Program for injuries and illnesses I may sustain or experience while participating in the Program. I understand that, in some countries, the provision of available healthcare services may not meet the standards to which I am accustomed. I further understand that in the event I may need medical care, I may be taken to and receive care from

local clinics at the sole and absolute independent discretion of Passages representatives. In some instances, healthcare facilities expect upfront payment. I understand that I am responsible for all such payments.

Travel Documentation and Medical Preparation

I understand that it is my responsibility to secure the necessary travel documents, including a passport and any other documents required by the country to which I am traveling. I further understand that I am responsible for following all preventive measures recommended by the United States Center for Disease Control for travel to and within such countries.

Authorization for the Taking and Publishing Photographs and Videos

I hereby authorize Passages to take, publish, or otherwise use photographs/video/quotations taken of me in printed or electronic format, including but not limited to in publications, presentations, promotions (including those which are mailed), exhibits, press releases, marketing materials, videos, CDs, DVDs, websites (both internal and external) and any social media. I acknowledge that since my participation in such photographs/video/quotations is voluntary, I will receive no financial compensation and my participation confers upon me no rights of ownership whatsoever to such photographs/video/quotations. I further understand that such photographs/video/quotations may be shared by Passages with its various partners.

Authorization for Account Login Access

I hereby grant Passages permission to access my account login to support or provide solutions for any technical issues I bring to their attention.

Standard of Conduct

I understand that as a participant in the Program I am expected to abide by the instructions and directions of staff, transportation policies, housing and living arrangement policies, substance abuse policies and other policies and guidelines, as may be amended and/or modified from time to time by Passages in its sole and absolute discretion and without prior notice. I agree to comply with the laws of the United States and/or local laws of those countries in which I travel during the course of the Program.

My consent herein includes but is not limited to:

I understand that without advanced Passages staff approval, no participant is allowed to leave the Program from the time of arrival until the completion of the Program. I understand that no guests are allowed at this Program.

I understand that curfews will be imposed to which I will consent, comply and abide. I understand that all programs, workshops, services, meetings and meals are mandatory. I will remain in appropriately staffed and/or authorized areas.

I understand that at no time will any males be allowed to enter a female's sleeping area nor females be allowed to enter male's. Additionally, Program staff may designate areas as "single-sex" and these areas are off-limits to participants of the opposite gender. Inappropriate sexual behavior is strictly prohibited on the Israel trip.

This includes, but is not limited to:

- Inappropriate physical contact, wanted or unwanted, between and among Fellows, Senior Fellows, Trip Staff, Faculty, and office personnel (hereinafter "Passages Leadership") and participants is not permitted.
- Romantic relationships between Passages Leadership and participants is not permitted.

I understand the use or possession of fireworks, firearms, illegally controlled substances or other prescription drug(s) without valid prescription, fighting, intimidation, bullying may result in my termination without recourse from the Program at the sole and absolute discretion of Passages.

I understand that I am to be respectful of and towards all others participating in the Program, Passages staff and volunteers. I understand that if I become aware of any conduct by any participant, volunteer or Passages staff member which I believe is illegal or creates a risk of harm to any individual, I will immediately report the incident to an appropriate Passages representative.

I understand that my failure to uphold Passages policy may result in the immediate termination of my participation in the Program (including being immediately sent home,) as determined in the sole and absolute discretion of Passages. I further understand that Passages, as it deems appropriate in its sole and absolute discretion, reserves the right (but does not have the obligation) to search my person and/or belongings and to take such action (or to refrain from such action) as it deems appropriate to secure the safety of me and/or others and/or to ensure compliance with Passages Standards of Conduct contained herein and that this Waiver and Release extends and applies to cover all such actions/inactions. I further understand that appropriate legal authorities may be contacted, and I may be subject to possible prosecution(s) for my action.

Consequences of Termination

I understand that in the event I am expelled from the Program, I will not be entitled to any refund of paid Program fees or costs and that all travel arrangements, costs and liabilities (including escort costs, if applicable) associated with being sent home will be the sole responsibility of me and my parent/legal guardian. I further understand that in such circumstances transportation to pick me up at the time and location designated by Passages is my sole responsibility. I further agree that in the event Passages incurs any costs, expenses or liabilities for which I or my parent/legal guardian are responsible, Passages reserves the right to pursue collection of such costs, expenses and/or liabilities through appropriate collection agency proceedings. In the event I am expelled from the Program, I understand that Passages reserves the right to make travel arrangements for my return to the originating group departure airport.

Miscellaneous Provisions

I understand that acceptance to the program is conditioned upon the receipt of a completed application. Receipt of Program payment and application forms does not guarantee acceptance to the Program. Passages reserves the right to deny or revoke acceptance at any point, in its sole and absolute discretion.

If any provision of this Waiver and Release shall be found to be unenforceable, then a court making such determination shall have the authority to narrow the provision, which shall be enforceable in its narrowed form.

Moreover, each provision of this Waiver and Releases is independent and severable from each other, so in the event any portion is found unenforceable and not modified, then the

remainder of the Waiver and Release shall remain in full force and effect.

I hereby acknowledge that I have fully read, understood, and accepted each of the above provisions. I have been advised and have had the opportunity to consult with an attorney at my own expense to discuss and review the terms of this Waiver and Release. I acknowledge that this Waiver and Release includes a release of liability which legally prevents me or any other person from filing suit, or making other claims for damages, in the event of death, psychological or personal injury, or property damage. I understand and agree that this Waiver and Release is binding upon me and members of my family, my heirs, estate, executors, administrators, personal representatives, and next-of-kin and their successors and assigns, and upon any attorney hired as my representative.

My signature denotes my understanding of my agreement with these statements and their implications.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTE THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Application Agreement

Agreement: Application is True

By clicking the box below you agree that you have filled out this application in its entirety and honestly to the best of your knowledge.

Right to View and Contact

Agreement: Data Sharing

I recognize that Passages staff and the Point of Contact (POCs) assigned to my school/organization have access to my personal data and will use the information solely for the purpose of determining my eligibility for the Passages program. I agree to share this information and understand that I may revoke this acceptance in writing at any time.

Additionally, I grant access to my contact information to Passages staff, representatives, and Passages' partner organization, The Philos Project, to facilitate the administrative, logistical and programmatic goals of the program, which may include calls or texts to my personal phone.