

**In the Footsteps of Jesus**  
An Alternative Tour to Palestine & Israel  
Registration Form  
**February 12-23, 2016**



**One form per person**

Name (**as on passport**): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Originating Airport: \_\_\_\_\_ (Three-letter code: \_\_\_\_\_)

**Emergency Contact Information**

Please name *two* contacts in case of an emergency:

#1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other (E-mail/cell) \_\_\_\_\_

#2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other (E-mail/cell) \_\_\_\_\_

**Confirmation**

\_\_\_\_\_ Please add my name to the tour; enclosed is my \$200 deposit (Make deposit payable to Jeff Wright; on memo line, write *Pilgrimage*).

\_\_\_\_\_ Attached is a copy of my passport; \_\_\_\_\_ I will send when I receive it.

\_\_\_\_\_ Attached is my signed release/waiver form.

\_\_\_\_\_ I do not have any physical or dietary restrictions.

\_\_\_\_\_ I request a single room (\$350).

\_\_\_\_\_ I have physical and/or dietary restrictions. Explain (use back if necessary):

\_\_\_\_\_

**Complete and mail form with waiver and a check for \$200 per person to:**

Jeff Wright, 6522 Royal Country Down Drive, Windsor, CO 80550

## RELEASE AND WAIVER

This release and waiver of liability is executed in favor of In the Footsteps of Jesus Tour and Jeff & Janet Wright. It is understood that:

1. No profit is made by the Wrights on this tour;
2. Such voluntary efforts by the Wrights are made solely for the purpose of making the tour as safe and successful as possible for all participants;
3. Participants are responsible for their own safety and well-being and assume all risks relating to the tour.

**Assumption of Risk:** I understand there are certain risks and dangers associated with the tour for which I am registering. I have investigated these risks and discussed them with the tour's leaders. I fully acknowledge that the risks involved are acceptable to and assumed by me.

**Waiver and Release:** For valuable consideration, i.e., inclusion as a participant in the tour, I release and forever discharge In the Footsteps of Jesus Tour and Jeff & Janet Wright from any and all claims, demands, and liability of whatever kind or nature relating in any way to the alternative tour.

I understand and acknowledge that this release discharges the Wrights from any claim or liability that I may have against any or all of them with respect to any bodily injury, emotional stress, illness, death, property damage, or financial loss that may arise from my participation in the alternative trip.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

