

**Ways of Jesus in 2022:
Immersion Study – Israel/Palestine
Philips Theological Seminary**

March 12-24, 2022

Registration Form



One form per person

Name (**as on passport**): _____ Date: _____

Address: _____

_____ Zip/Postal Code: _____

E-mail address: _____

Phone: _____ Date of birth: ____/____/____

Passport Number: _____ (Expiration Date: _____)

Originating Airport: _____ (Three-letter code: _____)

Emergency Contact Information

#1

Name: _____

Address: _____

Telephone: _____ Other (E-mail/cell) _____

#2

Name: _____

Address: _____

Telephone: _____ Other (E-mail/cell) _____

Confirmation

_____ Please add my name to the tour.

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

_____ Attached is my signed release/waiver form.

_____ I will room with _____.

_____ I request a single room (\$600 supplement).

_____ I do not have any physical or dietary restrictions.

_____ I do have physical and/or dietary restrictions. Please explain:

Complete and send form with waiver 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 Ways of Jesus 2022 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 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: _____

For persons of seventy-five years and older:

The pilgrimage is demanding. It includes long walks over often uneven ground and cobblestone, climbing long and steep hills and staircases, and long days. You are expected to send a written note from your physician acknowledging his approval for your travel under these conditions. If you have questions about the trip's physical demands, please don't hesitate to email or call us.