



Start Up Nation Meets Social Innovation: A Community Trip to Israel April 20-26, 2020

Passport Information (Please include Mr., Ms., Mrs., or other titles such as Dr., Rabbi, etc.)

1. Name (as it appears on your passport) _____ Nickname _____

Birth date _____ Passport # _____
(Month/Day/Year)

Country of Origin _____ Expiration Date _____
(Month/Day/Year)

2. Name (as it appears on your passport) _____ Nickname _____

Birth date _____ Passport # _____
(Month/Day/Year)

Country of Origin _____ Expiration Date _____
(Month/Day/Year)



Please attach a clear photocopy of your passport identification page. Passports should be valid for a minimum of 6 months after your planned return. If you need a new or renewed passport, please contact the U.S. Passport office for information.

Mailing Address/Telephone

Street _____ Apt # _____

City _____ State _____ Zip _____

Home Telephone () _____ Work () _____

Cell () _____ E-mail address _____

Special Arrangements

I/we would like transfers to and from the airport ****Please send a copy of your flights once booked.***

I/we will need additional hotel arrangements _____

Smoking Non-Smoking I observe Shabbat

Kosher Other Dietary Request _____

Single Room (additional charge of \$1450 applies) Assign me a roommate

I would like to room with _____

**(If we are unable to provide a roommate for you, the single supplement charge will apply.
Roommates will be assigned on a first come first serve basis)**

Business/Community Information

1. Business/Profession _____ Title _____
Community Activities _____

2. Business/Profession _____ Title _____
Community Activities _____

Important Information

This information is essential in case of emergency. List prescription medication, illness presently under physician's care, allergies, etc.

Emergency Contact _____ Relationship _____
Address _____ Home Phone _____
Office Phone _____ Fax _____

RELEASE

In consideration of my participation on this community trip to Israel, I agree to participate fully in all aspects of the trip. I release the Jewish Federation of San Diego County and the Jewish Community Foundation, its officers, directors, employees and volunteer leadership from responsibility of any nature arising from or in connection with this trip and any post-trip extensions.

Name (please print) _____

Signature _____ Date _____

Name (please print) _____

Signature _____ Date _____

**All applications must be signed in order to be processed.
JFSD and JCF reserve the right to limit participation based upon eligibility and space availability.**

**Please return this completed form with a \$500 deposit per person
to reserve your space on the trip. (You may pay by check or credit card).**

Please make checks payable to: Jewish Federation of San Diego County

Credit Card Information

I authorize JFSD to charge my credit card (we accept all major credit cards): Amount to be charged \$ _____

Credit Card Number _____ Expiration Date _____

Cardholder's Name and Address _____

**Please return this form with payment to: Jewish Federation of San Diego County
4950 Murphy Canyon Road, San Diego, CA 92123, Attn: Miri Ketayi.
For questions, contact Miri at mirik@jewishinsandiego.org or (858) 737-7138.**

Cancellation Policy

All registration forms, passport information, and non-refundable deposit are due by January 31, 2020. Balance of payment must be received by February 7, 2020. Cancellations made after February 7 may be subject to significant penalties from providers on the ground.

There are no refunds, partial or otherwise, for cancellations made during the trip. We recommend purchasing trip cancellation insurance. JFSD and JCF reserve the right to limit participation based upon eligibility and space available.

Release of Liability for Death, Personal Injury, and Property Damage

I am aware of the risks of travel worldwide, including risks associated with my safety and security. I have read, or have had the opportunity to read, the United States Department of State's Travel Warning at <http://www.travel.state.gov>. These risks include, but are not limited to, property damage and loss, death, or injury by accident, disease, or terrorist acts. I am voluntarily participating in the Jewish Federation of the San Diego County (JFSD) and Jewish Community Foundation (JCF) **Start Up Nation Meets Social Innovation Community Trip to Israel from April 20-26, 2020** with a full understanding of these risks, and I assume and agree to accept any and all risks to my safety and security during the course of participating in this community trip.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by JFSD and JCF, none of them guarantees or is responsible for my personal safety or the safety of my property while participating in this trip or any trip-related activities, including, but not limited to, airline travel, ground transportation, meals, lodging, and recreational activities.

In light of the above and in consideration of being permitted to participate in the community trip, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge JFSD and JCF, their respective subsidiaries, affiliates, predecessors, successors and assigns, and all of their respective past, present, and future officers, directors, shareholders, employees, agents, and contractors, and their respective heirs, executors, administrators and assigns (collectively, the "Releasees"), of and from any and every claim arising from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the trip or any activities in connection with the trip.

This release contains the entire agreement regarding its subject matter between the parties to this release. This release supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding its subject matter. This release shall be interpreted and enforced in accordance with the laws of the State of California, and shall be as broad and inclusive as permitted by such laws. If any provision of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I have carefully read the foregoing release and understand its contents, and acknowledge that this is a release of liability and such is a binding and fully enforceable contract between myself and the parties hereto.

Having consulted, or having had the opportunity to consult, my own counsel as to its meaning and legal effect, I sign this release as my own free act. Note: We require that each adult 18 and over whose name appears on the same application, personally sign this security notice. Spouses, partners or roommates, etc., may not sign for one another. In the case of minors (participants under age 18), we require a signature by the parent for each child. Thank you for your cooperation.

Adult's Name: _____ Signature: _____ Date: _____

Adult's Name: _____ Signature: _____ Date: _____