

Participant Application and Release Form (Form Revised Jan 2021)



RUTH ISRAEL INITIATIVE

Israel Mission Trip by Ruth Israel Initiative (RI2)

RI2 Short Term Mission trips are not designed as "typical tourist vacations." Most trips include travel to remote areas where logistical requirements for volunteers may involve unconventional modes of transportation and/or accommodations. In addition, RI2I Short Term Mission trips will contain the full range of risks and inconveniences resulting from both travel and volunteer service: physical labor, timing delays, frustrations, surprises, etc. Because of the circumstances involved with these trips, we want to make certain you understand that the circumstances mentioned above are a part of this type of experience. As a necessary precaution, Ruth Israel Initiative requires that each program participant understand and execute the following release and agreement.

This application should be mailed with your down payment to: Ruth Israel Initiative 9 B Chatham Court Pelham, AL 35124. Questions: 205-903-2585 (Central time, personal cell)

The board approves all people before they are placed on the team of their choice. Your down payment will be returned if not approved for this trip by the board. You are welcome to reapply at a later date.

Participant Information-Personal Profile

Full PASSPORT Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number & Country of Issue \_\_\_\_\_ Exp. Date \_\_\_\_\_

Email Address \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Male / Female Occupation \_\_\_\_\_

Single / Married --Name of Spouse \_\_\_\_\_

Roommate Preference \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Contact E-mail \_\_\_\_\_

Past World Missions or Travel Experience \_\_\_\_\_

Medical Information. (will be kept in your file and released to your team leader before your journey, to be used in case of a medical emergency).

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

Handicaps or health restrictions: \_\_\_\_\_

Prescriptions or medication presently being taken: \_\_\_\_\_

Are you currently under a physician's care? If so, condition? \_\_\_\_\_

Can you swim?  Yes  No

Occasionally location stops in Israel are either walking intensive, and/or over rough terrain, or can occur in extremely tight quarters. There may be times when you need to be excused from an activity. Ask your team leader if you have any questions regarding suitability of any activity for you and an alternative will be sought. At its discretion, Ruth Israel Initiative may use the above information to plan the RII Israel Mission trip. It will not use the information to determine your physical or emotional readiness to serve. You and your personal physician must determine your readiness and make arrangements for your health and physical requirements without relying on any action before, during, or after the trip by Ruth Israel Initiative or other participants.

## Flexibility and Preparation

On a scale of 1-10, ten being most flexible, how do you assess your ability to adapt to changing plans at a moment's notice? (circle the number that you use to describe you, underline under the number that those who know you best might use to describe you).

Flexibility scale: 1 2 3 4 5 6 7 8 9 10

Circle or underline your personality: (used for room assignments for singles and prep for team leader)

Introvert or Extrovert?

Morning person or Night person?

I commit to attending an Israel Seminar and reading Seth Barnes' book, *Listening Prayer* or reading *Israel Basics AN Israel II OR Why Still Care About Israel* to prepare my heart for the coming changes I will experience in the Land. \_\_\_\_\_ (initial)

I give permission to RI2 to use any photos taken of me or any comments made in review of this trip or ministry in advertising without any compensation. \_\_\_\_\_ (initial)

Covid Clause: It is likely that you will need both a Covid vaccination proof and a negative test within 72 hours of flying in both directions. If we have to change plans because of sickness, we will have to postpone the trip or transfer

## Application and Release

I, \_\_\_\_\_, apply to Ruth Israel Initiative to participate in the mission trip to be conducted in \_\_\_\_\_ Israel \_\_\_\_\_, scheduled for the dates from \_\_\_\_\_ to \_\_\_\_\_, regarding which Ruth Israel Initiative has and will provide consulting services regarding selection, planning, and coordination. In consideration of the mission opportunities provided to me by the sponsoring organization, and through the consulting services provided by Ruth Israel Initiative, which I agree are adequate consideration, I agree to what follows.

Acknowledgment of Risks. I understand and acknowledge that due to the nature of the trip, preparing for it, traveling to and from it, and actually participating in it, involves RISKS OF DAMAGE TO OR LOSS OF PROPERTY, HARM TO MY BODY, MENTAL FACULTIES, OR EMOTIONS, OR THOSE OF MY FAMILY, AND EVEN DEATH; and I ASSUME THOSE RISKS. Sources of damage, loss, harm or death may include, but are not limited to, (1) harmful acts or failures to act in harmony with employees, agents and volunteers of Ruth Israel Initiative and other trip participants, who have varying levels of knowledge, experience, and judgment; (2) a remote, primitive, unsanitary, dangerous and at times inaccessible site; and (3) dangerous construction work. I acknowledge that Ruth Israel Initiative is taking responsibility to assess or approve the fitness of the RII Short Term Mission trip participants. I understand and acknowledge that Ruth Israel Initiative will act according to recognized mission agency procedures in the unlikely event of a kidnapping or hostage situation: and will attempt to negotiate the release of a trip participant, but will not encourage the future abduction of missionaries by paying a ransom of any kind.

## Facts About Me.

I am \_\_\_\_\_ years old. I am in good health and sound mind, and able to understand this Instrument. I have or will discuss my participation in the trip with my physician, have or will receive any vaccination he or she deems necessary, and will participate in the trip only if I have received his or her approval and believe that I am able to endure the strain that may be associated with such

participation. I understand that my participation in the trip is contingent upon agreement by Ruth Israel Initiative, but that Ruth Israel Initiative is not taking the responsibility to assess and approve my fitness for participation in the trip or my signing of this Instrument.

As per IRS rules, donations to a church or non-profit organization are given, and the leadership has final discretion as to how funds are used. That said, we will do our best to function in integrity and faithfully use funds.

I understand that monies paid are not refundable to me. If I discover I cannot go, I understand that I may request a transfer of the money I have paid or had donated to me to another missionary, or the general fund. \_\_\_\_\_ Initial here  
**Covid Clause:** You will need Covid vaccination proof and a negative test within 72 hours of flying in both directions. If someone gets sick or Israel shuts its borders, we will postpone the trip, or you may transfer the money to someone you choose. Please purchase private **Trip Insurance** to mediate financial burden if something goes wrong.

Covenant Not to Sue, Release, and Indemnity. I promise the following: (a) I WILL NEVER SUE RUTH ISRAEL INITIATIVE FOR DAMAGES, INCLUDING DAMAGES RESULTING FROM RUTH ISRAEL INITIATIVE'S NEGLIGENCE (BUT NOT ITS WILLFUL AND WANTON MISCONDUCT.) That means that I hereby agree and covenant not to institute and suit or action at law or at equity against Ruth Israel Initiative. I intend this Instrument to be defense to any such suit or action, and a complete bar to the commencement and prosecution of any such suit or action. (b) I RELEASE AND DISCHARGE RUTH ISRAEL INITIATIVE FROM, AND WAIVE, ANY AND ALL LIABILITIES. (c) I WILL INDEMNIFY, HOLD HARMLESS, AND DEFEND RUTH ISRAEL INITIATIVE FROM ANY AND ALL LIABILITIES, INCLUDING LIABILITIES ARISING FROM ITS

NEGLIGENCE, (BUT NOT ITS WILLFUL AND WANTON MISCONDUCT), AND INCLUDING LIABILITIES ARISING FROM MY ACTIONS.

Definitions. When I use the following words, I mean the following: (a) "DAMAGES" means any damage of every kind and nature, including damage or loss to property, financial loss, harm to body, mental faculties or emotions, or death, resulting from, in connection with, or in any way related to the trip weather caused by Ruth Israel Initiative's negligence (but not is willful and wanton misconduct), or any other cause. "DAMAGES" includes, but is not limited to, damage that occurs or is caused during the planning of, preparation for, travel to or from the site of, and actual conduct of, the trip. (b) "I" means myself, my spouse, and my insurers, heirs, estate, legal representative, executor, administrators, successors, and assigns.

(c) "LIABILITIES" means any liability of every kind and nature in connection with my participation in the trip, including any and all causes of action, actions, suits, claims, demands, rights, damages, judgments, executions, court costs, attorney's and other legal fees, and including such liabilities that arise from claims for contribution by others that I have sued or from whom I have received compensation for DAMAGES. (d) Ruth Israel Initiative

means its directors, officers, employees, agents, volunteers, affiliates, associates, sponsoring churches, and cooperation institutions, and the spouse, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of the foregoing.

Governing Law and Disputes. I agree that the laws of the State of Alabama only will govern every aspect of this Instrument, and my rights and responsibilities in connection with the trip. I intend this Instrument to be as broad and inclusive as permitted by the laws of the State of Alabama. I may sue only in state or federal court in Shelby County, Alabama.

Complete Reading and Understanding. I HAVE COMPLETELY AND CAREFULLY READ THE FOREGOING, UNDERSTAND IT, AND UNDERSTAND ALSO THAT I AM WAIVING LEGAL RIGHTS THAT I MAY HAVE IN THE EVENT THAT I SUFFER DAMAGE, LOSS, HARM, OR DEATH. RUTH ISRAEL INITIATIVE and I may amend this Instrument only in writing signed by all the undersigned.

Please attach a **copy of your passport picture page that is valid for at least 6 months after our return.**

Applicant Signature **X** \_\_\_\_\_

Signature of spouse if not traveling together  X \_\_\_\_\_

Date **X** \_\_\_\_\_

Office Use:

Applicant accepted for participation by Ruth Israel Initiative by:

Signature, Title, Date

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