CENTER FOR
HOLY LANDS STUDIES

STUDY ABROAD TRAVEL FORMS AND DOCUMENTS

REGISTRATION INSTRUCTIONS:

1) Click on the register button at the top of your program page on the CHLS website
2) Complete the online registration form
3) Submit your deposit
4) Receive your email confirmation

If you would like to register over the phone instead, please call our office at 1-855-700-CHLS (2457).

TRAVEL FORMS AND DOCUMENTS:

Once you have completed the registration, complete the following forms included in this packet:

- Emergency Contact Form
- Medical Form
- Conduct Agreement Form
- Social Standing/Behavioral Form
- Marketing Release Form
- Terms and Conditions Form
- Authorization for Release of Protected Information (voluntary)

Also, please submit the following documentation:

- Passport color photocopy* (obtain or renew your passport at http://travel.state.gov/content/passports/english/passports.html)

**A photocopy of the picture and personal information page(s) of your passport is required. Be sure the photocopy is of sufficient quality to serve as a secondary photo ID.*

Please scan (and email), fax, or mail these forms and documentation to the CHLS office:

MAILING ADDRESS:
Center for Holy Lands Studies
1445 N. Boonville Ave.
Springfield, Missouri, 65802

FAX: 417-866-1146

EMAIL: info@holylandsstudies.org

*International participants are requested to use express mail services.

Please do not hesitate to contact us if you have any questions or concerns. Our staff members are available from 8 a.m. to 4:30 p.m. M-F (CST) to assist you. If you are calling after hours, please leave a detailed message including your contact information, and we will get back with you as soon as possible.

PLEASE NOTE: All participants under the age of 18 must have the Parental Consent Form completed on their behalf by their parent(s) or legal guardian(s). A copy of the completed form must be submitted to CHLS and the original must accompany the traveling minor. Please contact CHLS for further information (visit the Parental Consent page at holylandsstudies.org to obtain a copy of the Parental Consent Form).

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PARTICIPANT CHECKLIST

Please note that the following checklist for your own personal use:

REGISTRATION

Online Registration (or over the phone) ☐

PAYMENTS

$400 Deposit Paid (Due at registration-by November 4, 2018) ☐

$2,000 Paid (Due Jan. 9, 2019) ☐

Final Balance Paid (Due March 9, 2019) ☐

TRAVEL DOCUMENTATION

Color Photocopy of Passport Submitted (due Jan. 9, 2019) ☐

TRAVEL FORMS

Travel Forms Packet Submitted (due Jan. 9, 2019) ☐

- Emergency Contact Form (page 4)
- Medical Form (page 5)
- Conduct Agreement Form (page 6)
- Social Standing/Behavioral Form (page 7)
- Marketing Release Form (page 8)
- Terms and Conditions Form (pages 9-10)
- Authorization for Release of Protected Information (page 11)
-

Parental Consent Form (for participants under 18) ☐

CENTER FOR
HOLY LANDS STUDIES

CANCELLATION POLICY

GENERAL POLICY:
All cancellations forfeit the deposit fee; however, registrants may apply their deposit to another program within twelve months of their initial registration date. From 90 days until our scheduled departure date, all other charges per person imposed by any and all agents and suppliers will be forfeited as well. It is therefore recommended, though not required, that each participant purchase adequate travel insurance.

REGARDING AIR TRANSPORTATION:
If the Center for Holy Lands Studies (CHLS) has already purchased the participant's airfare (currently required to be purchased from the airline 90 days prior to the trip departure date), the below applies to the air purchase only:

The passage contract in use by the airlines when the tickets are issued shall constitute the sole contract between the airlines and the passenger. **Unless the airlines cancel the flights, the tickets are nonrefundable.** The participant can use his or her ticket for future air travel within the duration of one year (not necessarily to Israel), but the airline will charge a reissuance fee to exchange his or her existing ticket to do so. The cost to exchange an existing ticket depends on the terms of the pending group contract.

NOTE TO GROUP LEADERS AND INDIVIDUAL REGISTRANTS:
All CHLS programs are considered unconfirmed (provisional) until 25 participants are registered 90 days prior to the scheduled date of departure. In light of the early unconfirmed status of CHLS programs, it is recommended and important that the following two items be considered:

1) Individuals and groups should make sure to register ASAP to be counted as part of the required minimum number of participants.
2) Participants are also advised not to make any personal travel plans until the program is considered confirmed at 90 days prior to departure.

Should a participant desire to purchase personal airline tickets, make additional hotel arrangements, or purchase any other travel arrangements not under the auspices of CHLS administration (prior to 90 days of the scheduled departure date), it is recommended that he/she consult CHLS prior to any such purchases.

CHLS cannot be held responsible for any personal flight or land arrangements made by a participant before, during, or after the program.

DISCLAIMER OF RESPONSIBILITY: CHLS is not a travel agency and is only acting as an intermediary for the suppliers identified on this, or any accompanying documents, in selling services, or in accepting reservations or bookings for services which are not directly supplied by itself (such as air carriage, hotel accommodations, ground transportation, meals, etc.) You will hold as harmless CHLS for breach of contract or any intentional or careless actions or omissions on the part of such suppliers, which may result in any loss, damage, delay, injury, or increase in program fees to any traveler. Unless the term "guaranteed" is specifically written on the ticket, invoice, or reservation itinerary, CHLS does not guarantee any supplier's rates, bookings or reservations. It shall not be responsible for any cancellations, injuries, damages, or losses caused to any traveler in connection with war, terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside its control. By embarking upon the trip, the traveler voluntarily assumes all personal and financial risks involved with such travel, whether expected or unexpected. Travelers are hereby warned of such risks, and are advised to obtain appropriate insurance coverage against such risks.

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EMERGENCY CONTACT FORM

PARTICIPANT'S CONTACT INFORMATION
Please print legibly

Name: _____
Last First Middle Initial

Current Physical Address (No P.O. Boxes**):** _____

City: _____ **State:** _____ **Zip:** _____

School Email: _____

Secondary Email: _____

Phone: _____ **Date of Birth (**DD/MM/YYYY**):** _____

If you are traveling with a spouse, please provide their name: _____

TWO EMERGENCY CONTACT PERSONS
Please print legibly

Name: _____
Last First Middle Initial

Relationship to Participant: _____

Mobile Phone: _____ **Home Phone:** _____

Name: _____
Last First Middle Initial

Relationship to Participant: _____

Mobile Phone: _____ **Home Phone:** _____

DISCLAIMER: CHLS does not share any personal information with program partner associations or vendors unless it is required for the program. CHLS does not sell information to any third party vendors for advertising or marketing.

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MEDICAL FORM

Name: _____ **Program Dates (**DD/MM/YYYY**):** _____ to _____

Tour and study programs offered through the Center for Holy Lands Studies may demand strenuous physical activities throughout the inland itinerary. If you currently suffer from any physical limitations that may hinder your participation, we request that you share that information with our staff in efforts to make necessary accommodations for your participation. By sharing this information prior to departure, we are able to best assist you during your program.

☐ **YES** ☐ **NO** Do you have a heart condition or pacemaker?
☐ **YES** ☐ **NO** Are you diabetic?
☐ **YES** ☐ **NO** Are you currently under a doctor's care for a medical condition?

IF YES, please provide a brief explanation and offer a statement of emergency treatment.

_____

☐ **YES** ☐ **NO** Are you allergic to any foods or food related items?

IF YES, please provide a brief explanation and offer a statement of emergency treatment.

_____

☐ **YES** ☐ **NO** Do you have any emotional, mental, or physical condition(s) that may interfere with your ability to successfully participate in this trip?

IF YES, please describe:

_____

IF YES to any of the medical issues noted above, please provide the name, phone, and fax number of a physician to contact in the event of a medical emergency.

Physician's Name: _____

Phone: _____ **Fax:** _____

OVERSEAS MEDICAL INSURANCE
Please note that overseas medical and general liability insurance is provided for the duration of your trip and is included in the overall cost of your program. Though not required, it is still strongly recommended that participants purchase travel insurance above and beyond the coverage provided. If you have any questions regarding the medical and general liability insurance provided, please contact Trina Russell (trussell@ag.org).

DISCLAIMER: CHLS does not share any personal information with program partner associations or vendors unless it is required for the program. CHLS does not sell information to any third party vendors for advertising or marketing.

CENTER FOR
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CONDUCT AGREEMENT FORM

STATEMENT
The Center for Holy Lands Studies (CHLS) is a Christian organization serving two primary purposes. The first is to provide study programs for individuals seeking to study the Bible in its original setting with all of the modern resources available to them. The second is to aid in understanding the cultures of the modern lands we visit while demonstrating what a 'Christian' is by living the Christ-like life in the midst of the Jewish and Arab communities. Jewish and Arab cultures differ from one another, but they also differ greatly from the western culture of most participating students. While the secular segment of Israeli society shares many similarities with western culture, the Orthodox Jewish and Arab (Christian and Muslim) communities have different values and norms of behavior from those with which the student is typically familiar.

To remain culturally sensitive while studying abroad, the CHLS requests that you dress modestly for the duration of your program. Within these guidelines it is critical that shorts are at minimum mid-thigh, tank tops are a minimum of two inches wide over the shoulder, and one-piece bathing suits are worn. At times a stricter dress will be enforced for religious sites that require the head, elbows, knees, and even ankles at times to be covered. Should a "modesty kit" be required for a specific site, participants will be informed the day prior. These requests are specifically noted to ensure safety and to remain culturally sensitive while traveling throughout the holy lands. Should your university require stricter requirements of dress, it is asked that you abide by the regulations set by your university while abroad. If an individual is not appropriately dressed for the activities of the day, they will be asked to accommodate to the dress needed for the activities of the day.

Furthermore, it will be strictly enforced that individuals do not consume alcohol or partake in any drugs while abroad. All CHLS programs administer a dry policy and will not tolerate the use of drugs or alcohol on any high school or college study abroad programs. Regardless of rules set by the participant's home institution, these standards upheld by CHLS will be applied to all participants on study abroad programs. In addition, should a student's behavior or lack of cooperation at any times impede the learning of other students or the itinerary of program, CHLS holds the ability to send a student home immediately. Failure to abide by these policies will result in early dismissal from the program at the expense of the participant.

AGREEMENT
I have read the statement above and agree to abide by the conduct and dress standards of CHLS. I am also aware that should I not comply, the staff of CHLS reserves the right to send me home at my own expense.

SIGNATURE(S)

_____ _____
Participant's Signature Date (DD/MM/YYYY)

_____ _____
Parent/Guardian's Signature (required if the participant is under 18) Date (DD/MM/YYYY)

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SOCIAL/BEHAVIORAL STANDARD FORM

PARTICIPANT'S CONTACT INFORMATION
Please print legibly

Name: _____
Last First Middle Initial

Phone: _____ **Email:** _____

This approval indicates that the individual listed above has shown exemplary behavior and is in good social standing at the institution where he or she is currently enrolled. This student has demonstrated the ability to adapt and be flexible in high stress situation and cross-cultural circumstances. This form is to be completed by a full-time staff member at the participant's home institution. Examples of authorized individuals include, campus resident directors, campus pastor, and faculty.

As an authorized signatory of _____'s home institution, I hereby confirm the following social/behavioral standing for the above student:

☐ **YES** The student listed above is in good social/behavioral standing at his or her home institution and has received approval to study abroad with the Center for Holy Lands Studies.

☐ **NO** The student listed above is not in good social/behavioral standing at his or her home institution and has not received approval to study abroad with the Center for Holy Lands Studies.

Should the student's social/behavioral standing change at any point before his or her study abroad participation, I will notify the Center for Holy Lands Studies immediately.

Signatory Name: _____

Signatory Title: _____

Phone: _____ **Email:** _____

Date of Approval (DD/MM/YYYY**):** _____

CENTER FOR
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MARKETING RELEASE FORM

AGREEMENT
I hereby authorize the Center for Holy Lands Studies (CHLS) to use all quotes, photographs and video footage taken by me and of me during the participation of my program. I give permission to CHLS to use these materials for print, video, social-media, and other marketing materials as deemed necessary.

I discharge and hold harmless CHLS of any expectation of privacy or confidentiality related with these statements, images, and videos. I moreover recognize that my participation is strictly on a voluntary basis and I will not receive financial compensation for the taking or publication of any statements, photographs, or video taken during my participation in a CHLS program. I here forego my ownership and royalties of said photographs and video and the publication of them.

I furthermore release CHLS, its employees, and third parties involved in the construction and publication of any marketing materials, from liability for any claims by me or any third party involved in my study abroad participation.

SIGNATURE(S)

_____ _____
Participant's Signature Date (DD/MM/YYYY)

_____ _____
Parent/Guardian's Signature (required if the participant is under 18) Date (DD/MM/YYYY)

CENTER FOR
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TERMS AND CONDITIONS FORM

PART 1 - TERMS AND CONDITIONS STATEMENT

Medical: You declare to the Center for Holy Lands Studies of the General Council of the Assemblies of God and all partnering agents (hereinafter collectively referred to as "CHLS") that you are in good health, are able to participate in the physical demands of the program, and that your Medical Form is completed to the best of your knowledge.

Passport and Visas: Your passport must be valid for six months beyond your program's scheduled return date. Non-USA, non-Canada, non-UK, or non-EU passport holders may be required to purchase (at a personal expense) a "double-entry" Tourist Visa into Greece. Visa fees into Jordan are covered in the program cost unless special circumstances apply; however, visa fees into Turkey are not covered as it is an online application process that each participant is responsible to complete (currently $25.00).

Air Transportation: The passage contract in use by the airlines when the tickets are issued shall constitute the sole contract between the airlines and the passenger, and/or any agent of CHLS. Airfare is subject to increases prior to the date of travel.

Tariffs: All airfare and land rates are considered conditional and subject to adjustment based on any change in tariffs and exchange rates.

Airport Transfers: Only scheduled program group transfers are included. If you are arriving on your own—separate from the group—you are responsible for any charges associated with meeting the group at the scheduled hotel.

Baggage: You are requested to limit your luggage to one primary suitcase, plus one small soft carry-on bus bag. Baggage insurance is recommended. Personal baggage transport throughout the program is your responsibility. CHLS cannot be held responsible for loss, theft, or damage to belongings.

Accommodations: Price per person is based on double occupancy with private facilities. We reserve the right to substitute hotels of a similar category for those listed. An additional fee applies to single occupancy.

Tipping: All tips and service charges are included in your program fees unless noted otherwise in the specific program information on the website. Additional voluntary tipping is acceptable.

Services, Charges, and Taxes: All service charges and local taxes as imposed by hotels are included in the program fees. Passports, baggage insurance, laundry, mineral waters, coffee, tea and any items of a personal nature are not included.

Meals: Two meals a day will be provided unless noted as one or three meals in the program itinerary (view the program itinerary at holylandsstudies.org). Special beverages (coffee, tea, sodas, bottled water, etc.) are not included at breakfast or dinner meals.

Sightseeing and Entrance Fees: All sightseeing and entrance fees, transportation, and the services of a licensed, English-speaking guide are included in the overall program cost as per the program itinerary.

Filming and Recording: Any lectures, commentary, or lessons given by our staff or other members of the team **may not be filmed or otherwise recorded without prior express written permission from CHLS**. Any such video or audio recordings must be for personal, private use only and may not be sold or distributed in any manner. If a CHLS staff member requests you to stop video and/or audio recording during the course of the tour, you hereby agree to cease all video and audio recording or risk being removed from the remainder of the tour with no refund of amount paid for the full tour. Not only is some information privileged, confidential, and restricted, but lectures and other materials are protected by copyright law. Violations of this section may constitute copyright infringement and expose violators to penalties under applicable law.

INTIALS

_____

Cancellations: All program deposit fees are non-refundable regardless of the reason for cancellation. See our *Cancellation Policy* (page 3).

DISCLAIMER OF RESPONSIBILITY: CHLS is not a travel agency and is only acting as an intermediary for the suppliers identified on this, or any accompanying documents, in selling services, or in accepting reservations or bookings for services which are not directly supplied by itself (such as air carriage, hotel accommodations, ground transportation, meals, etc.) You will hold as harmless CHLS for breach of contract or any intentional or careless actions or omissions on the part of such suppliers, which may result in any loss, damage, delay, injury, or increase in program fees to any traveler. Unless the term "guaranteed" is specifically written on the ticket, invoice, or reservation itinerary, CHLS does not guarantee any supplier's rates, bookings or reservations. It shall not be responsible for any cancellations, injuries, damages, or losses caused to any traveler in connection with war, terrorist activities, social or labor unrest, mechanical or construction difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside its control. By embarking upon the trip, the traveler voluntarily assumes all personal and financial risks involved with such travel, whether expected or unexpected. Travelers are hereby warned of such risks, and are advised to obtain appropriate insurance coverage against such risks.

PART 2 - ASSUMPTION OF RISK

I, _____ (participant's name), along with CHLS, understand and agree to the following:

1. I am a volunteer traveler and acknowledge that I am not attending the program as an employee of CHLS.
2. I am aware of the hazards and risks to my person and property associated with a tourist capacity to Israel, West Bank areas (Bethlehem), Jordan, Turkey, Greece, and or Italy. Such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my registration acceptance with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to me or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with tourist trips.
3. I attest and certify that I have no medical conditions that would prevent me from performing physical, emotional, or mental capacities of the program.
4. Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against the CHLS, any District Council of the Assemblies of God, the local church/individuals sponsoring the trips, or any agent, employee or member of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my program, I, acting both on my own behalf and in their behalf as their parent or legal guardian, and subject to the insurance coverages described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of the program, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I hereby irrevocably grant to CHLS, its subsidiaries, affiliates, nominees, licensees, their successors and assigns, and those acting with its authority, with respect to the photographs, film, or tape taken of me by or on behalf of CHLS.
8. I warrant and represent that I am _____ (insert "under" or "over") the age of 18 years and that I am free to enter into this agreement.
9. I understand that the program deposit fee is considered non-refundable even if I am not the cancelling party.

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10. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

_____

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PART 3 - INSURANCE ELECTION

I am aware of the hazards and risks to my person associated with travel as described above. I further understand that CHLS includes overseas medical and general liability insurance for the duration of my program and that I am responsible for obtaining any additional travel insurance coverage that I consider necessary.

_____

PART 4 - TERMS AND CONDITIONS AGREEMENT

Your signature below and deposit payment indicate the following:

1) I have read, understood, and agree to the Terms and Conditions stated above in Parts 1 - 3 (expressed and implied).
2) I have read, understood, and agree to the Cancellation Policy included in this packet.
3) I have reviewed all of the information and documents provided through the CHLS webpage for my program.
4) I understand that I am responsible and liable for all program correspondence and updates provided by CHLS from the time of my registration (deposit payment) until the program departure date (which will primarily be conducted by email).
5) I certify that my registration information is complete and correct to the best of my knowledge.

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_____

SIGNATURE(S)

_____ _____

Participant's Signature Date (DD/MM/YYYY)

_____ _____

Parent/Guardian's Signature (required if the participant is under 18) Date (DD/MM/YYYY)

PLEASE NOTE: All participants under the age of 18 must have the Parental Consent Form completed on their behalf by their parent(s) or legal guardian(s). A copy of the completed form must be submitted to CHLS and the original must accompany the traveling minor. Please contact CHLS for further information (visit the Parental Consent page at holylandsstudies.org to obtain a copy of the Parental Consent Form).

CENTER FOR
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Authorization
For Release of Protected Information
(*This form is voluntary and not mandatory.)*

I authorize each of the following entities to provide certain protected information to General Council of the Assemblies of God: any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator.

I authorize the above entities to provide the General Council of the Assemblies of God the following information: any and all information relating to my health, including but not limited to medical and dental records, medical consultations, treatments, or surgeries; psychiatric or psychological care; use of drugs or alcohol; drug prescriptions; communicable diseases, including HIV/AIDS; and financial and employment related information.

I understand that any information obtained by the General Councils of the Assemblies will be used to determine eligibility under one of the General Councils of the Assemblies of God insurance policies.

I understand that information disclosed under this Authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations.

I understand that I or my authorized representative may request a copy of this Authorization.

I agree that a photographic copy of this Authorization shall be as valid as the original.

I understand that this Authorization is valid for 12 months or the duration of any claim for benefits under the Policy, but in no event longer than 24 months.

I understand that I or my authorized representative may revoke this Authorization at any time by providing written notification to the General Council of the Assemblies of God at 1445 N. Boonville, Springfield, MO 65802. Such revocation shall not have any effect on actions that the Companies took in reliance on the Authorization prior to its revocation.

I understand that the signing of this Authorization is voluntary. However, I also understand that if I do not sign this Authorization, the General Council of the Assemblies of God may not be able to obtain information necessary to consider my claim for benefits.

Printed Name:

_____

Signature of Insured/Member or Authorized Representative:

_____

Date:

_____