

**Palestine-Israel Immersion Trip for Alumni/ae
Perkins School of Theology**

With Professor Jaime Clark-Soles

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January 3-14, 2015

\$1,800 per person (excluding airfare/double-occupancy) – Single Supplement \$500.00.

Package price includes the following:

1. Meet & assist at Ben Gurion Airport (Tel Aviv) upon arrivals and departures.
2. Six nights' accommodation in Bethlehem in double occupancy with breakfast & dinner.
3. Two nights' accommodation in Nazareth in double occupancy with breakfast & dinner.
4. One night accommodation in Tel Aviv in double occupancy with breakfast & dinner
5. All transportation, guides, and entrance fees.
6. All meals in Israel and the Palestinian Territories.
7. All tips.

Package price does not include the following:

1. Flight tickets.
2. Drinks at hotels and restaurants.
3. Personal expenses.
4. Insurance

6.0 CEU hours available by application (additional \$20 fee)

Part 1.

PARTICIPANT NAME (*EXACTLY AS IT APPEARS ON YOUR PASSPORT!*)

Circle One: Graduate of the Perkins School of Theology OR

Accompanying a graduate of the Perkins School of Theology

If a graduate, please list degree(s) received and date(s) of graduation:

This registration form should be returned with a deposit of \$500.00 by July 15, 2014, refundable before October 1, 2014. Registration is limited, and applications will be accepted on a first- come, first-served basis.

Initial each page of this document, sign, and return to:

Global Theological Education Office

Perkins School of Theology | P.O. Box 750133 | Dallas, TX 75275-0133

The balance of \$1,300.00 will be due by October 1, 2014. After October 1, the \$500.00 deposit is **non-refundable**.

Participants may book their own air travel, provided they arrive in Tel Aviv by the morning of January 4, 2015. Participants arriving after noon on January 4 will be responsible for their own transportation to Bethlehem.

Participants who wish to travel with the group will be charged approximately \$1500.00 for airfare, with the exact price to be determined when ticket bookings are made. The full cost of airfare will be due by October 1, 2014.

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COMPLETE PERSONAL INFORMATION

Name (exactly as in passport)

Home Phone _____ Daytime Phone _____

Mobile Phone _____

Primary Email Address _____ *(All correspondence regarding this immersion will be sent via this email address. No other email address will be used. You must check this address regularly or you will miss important information.)*

EMERGENCY CONTACTS

Please list at least one person to be contacted in case of an emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In addition all overseas travelers are encouraged to register their travel abroad with the US State Department at http://travel.state.gov/travel/tips/registration/registration_4789.html

All participants are urged to purchase both medical insurance for travel abroad and travel insurance. Neither Perkins School of Theology nor Southern Methodist University are responsible for medical expenses incurred on this immersion.

I confirm that I am responsible for paying all the expenses for this immersion, have enclosed all the required forms and deposit, am responsible for all costs incurred by the GTE program on my behalf, and have provided up-to-date, reliable contact information.

Signature _____

Date _____

Please initial page 2 of 6 here _____

This form must be signed in the presence a Notary Public

PART 2

**SMU/ Perkins School of Theology Global Theological Education Program
EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM**

So that Perkins School of Theology can help you make your experience a positive one, please be candid in your answers to the following questions: All information on this form will be kept confidential, and the form itself will be destroyed at the end of the immersion.

1. Please identify all known dietary restrictions, allergies to foods, drugs, insect bites, dust, etc., and the nature of your reaction. If none, please put N/A.

2. Please identify any current medications you are taking and the reason for their use. If none, please put N/A.

3. Do you have any reason to believe that change of diet, carrying luggage, or strenuous travel overseas might present hardship to you? yes no If yes, please explain.

4. Optional: Will you require any special disability accommodations? yes no If yes, please explain. (Please note that disability accommodations are not available in all locations outside the US.)

4. In case of emergency, the following person should be contacted:

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

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Due to the foreign and potentially remote nature of the Global Theological Education Programs, access to hospital and medical facilities may be limited. Please sign below to provide consent for emergency medical treatment. Please note that those faculty and staff accompanying GTE groups are not trained medical professionals and may not be able to help if a serious accident or illness occurs. We highly recommend that a student consult a physician before going overseas. He/she can best advise you as to any need for vaccinations, medications, and any restrictions on your activity.

I hereby authorize SMU/Perkins School of Theology to arrange, at my expense, any and all necessary emergency medical care required for me while I am participating in an international program in _____, during^_____, 20___. This authorization (check one) does does not authorize blood or blood products to be provided to me.

By (student): _____ Date: _____

Printed Name: _____

Notary completes below:

State of _____

County of _____

This document was acknowledged before me on the ___ day of _____, 20___ by
_____ (applicant)

SEAL

Print name:

Please initial page 4 of 6 here _____

Release and Waiver to Southern Methodist University

Whereas, _____ desires to participate in the Perkins School of Theology Global Theological Education in _____ (name of Program location) from _____, 20____ to _____, 20____ .

Now, therefore, for and in consideration of SMU's arranging the Program and allowing Alumnus/a to participate in the Program, Alumnus/a understands and voluntarily and knowingly agrees as follows:

1. Alumnus/a is participating in the Program of his/her own free will.
2. Alumnus/a is aware that there are certain risks and dangers which accompany international travel, including, but not limited to, those risks associated with the unpredictability of terrorist acts against citizens of the United States of America and others around the world, and Alumnus/a acknowledges and assumes all such risks, including, but not limited to, loss or damage to personal property, injury or fatality due to (1) travel to and from the Program; (2) the condition of facilities where the Program will occur which are not under the control and maintenance of SMU; (3) physical exertion; (4) emotional or psychological stress; (5) inclement weather; and (6) suffering illness or accident in an area where there may not be easy access to medical facilities, among others. I agree to advise the Program instructor at any point when I question my ability to participate in any activity related to the Program.
3. Though arrangements for travel may be made in conjunction with the Program, Alumnus/a understands and acknowledges that he/she is solely and ultimately responsible for the selection of his/her travel arrangements to and from the location of the Program and assumes all risks relative to acceptance of such transportation.
4. Alumnus/a understands and agrees that aspects of the Program include opportunities for activities over which SMU cannot exercise control, or provide the same protection for Alumnus/a as it does in an on-campus setting.
5. Alumnus/a is solely responsible for acquiring his/her own insurance which Alumnus/a believes is necessary to cover him/her throughout the duration of the Program from departure date to return date. Alumnus/a acknowledges and understands that he/she may not be covered by any insurance policy owned by SMU.
6. Alumnus/a has fully investigated the nature of the Program, including whether participants will be subjected to physical and emotional stresses, and Alumnus/a assumes all risks of participation.
7. Alumnus/a has advised the Program Director of any physical or mental disabilities and/or needs which may affect Alumnus/a's ability to participate fully in the Program and has received reasonable accommodation if needed.
8. Alumnus/a signs this Release and Waiver with the intent of binding himself/herself, his/her spouse (if applicable), his/her heirs, legal representatives, and assigns.

Please initial page 5 of 6 here _____

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9. ALUMNUS/A ASSUMES ALL RISKS AND AGREES FOREVER TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS SMU, ITS TRUSTEES, BOTH INDIVIDUALLY AND CORPORATELY, OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES AGAINST ALL LIABILITIES, CLAIMS, SUITS, OR DEMANDS FOR INJURIES TO HIMSELF/HERSELF, ANY OTHER PERSON AND/OR PROPERTY RESULTING FROM OR GROWING OUT OF HIS/HER PARTICIPATION IN THE PROGRAM, AS DESCRIBED ABOVE, AND/OR TRANSPORTATION TO AND FROM THE DESTINATION OF THE PROGRAM, INCLUDING ANY ACTS OR OMISSIONS CONSTITUTING NEGLIGENCE BY SMU, OR ANY OF ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, OR REPRESENTATIVES. ALUMNUS/A HEREBY COVENANTS AND AGREES IN FURTHERANCE OF HIS/HER OBLIGATION UNDER THE TERMS OF THIS RELEASE AND WAIVER AS ACCEPTED, TO DEFEND THE PARTIES RELEASED HEREIN BY AND THROUGH COUNSEL CHOSEN BY SMU.

10. The terms of this Release and Waiver are to be governed by and construed under the laws of the State of Texas and shall be deemed to have been fully performed in Dallas County, Texas. Alumnus/a agrees that exclusive venue for any dispute arising between SMU and Alumnus/a involving this Release and Waiver in any way shall be in Dallas County, Texas.

I am eighteen (18) years of age or older and competent to sign this Release and Waiver.

Witness my signature at _____, on this ____ day of _____, 20_____.

City _____

State _____

Alumnus/a's Signature _____

Telephone _____

Alumnus/a's Printed

Name _____ SS# _____

Address / City / State / Zip Code _____

Please initial page 6 of 6 here _____