

JEWISH FEDERATION OF GREATER DAYTON (JFGD)
MISHPACHA MISSION TO ISRAEL: December 19—29, 2010
(Please print information clearly)

Number of Participants Registering: _____

1. PERSONAL INFORMATION

Participant 1: _____ Title Full name exactly as it appears on passport (Last, First, Middle)
_____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____
Name as you'd like it on name tag
*Note: Passports must be valid for at least six months beyond the return date of the mission.
Passport # _____ Country of Issue _____ Exp. Date: _____
Participant # 1 Mailing Address/Phone
Street: _____
City: _____ State: _____ Zip: _____
Phone # _____ Cell # _____ Email: _____
Previous JFGD Mission: Yes <input type="checkbox"/> No <input type="checkbox"/> Mission Name/Date: _____
Previous Trip to Israel: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

Participant 2: _____ Title Full name exactly as it appears on passport (Last, First, Middle)
_____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____
Name as you'd like it on name tag
*Note: Passports must be valid for at least six months beyond the return date of the mission.
Passport # _____ Country of Issue _____ Exp. Date: _____
Participant # 2 Mailing Address/Phone
Street: _____
City: _____ State: _____ Zip: _____
Phone # _____ Cell # _____ Email: _____
Previous JFGD Mission: Yes <input type="checkbox"/> No <input type="checkbox"/> Mission Name/Date: _____
Previous Trip to Israel: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

1. PERSONAL INFORMATION (continued)

Participant 3: _____ Title Full name exactly as it appears on passport (Last, First, Middle) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____
Name as you'd like it on name tag *Note: Passports must be valid for at least six months beyond the return date of the mission. Passport # _____ Country of Issue _____ Exp. Date: _____
Participant # 3 Mailing Address/Phone Street: _____ City: _____ State: _____ Zip: _____ Phone # _____ Cell # _____ Email: _____ Previous JFGD Mission: Yes <input type="checkbox"/> No <input type="checkbox"/> Mission Name/Date: _____ Previous Trip to Israel: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

Participant 4: _____ Title Full name exactly as it appears on passport (Last, First, Middle) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____
Name as you'd like it on name tag *Note: Passports must be valid for at least six months beyond the return date of the mission. Passport # _____ Country of Issue _____ Exp. Date: _____
Participant # 4 Mailing Address/Phone Street: _____ City: _____ State: _____ Zip: _____ Phone # _____ Cell # _____ Email: _____ Previous JFGD Mission: Yes <input type="checkbox"/> No <input type="checkbox"/> Mission Name/Date: _____ Previous Trip to Israel: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____

2. ROOMING ASSIGNMENTS Number of rooms required _____. Please check one of the following options:

ROOM 1: 1 DOUBLE ROOM - share with _____
Spouse/Roommate's
 Smoking Non-smoking Shabbat Observant

ROOM 2: 1 DOUBLE ROOM - share with _____
Spouse/Roommate's Name
 Smoking Non-smoking Shabbat Observant

NOTE: When possible, JFGD will attempt to find roommates if requested. However, if we are unsuccessful, you will be subject to the single supplement charges.

SUPPLEMENTAL ROOM

ROOM 1: SINGLE ROOM (supplemental charge \$1,029)

ROOM 2: SINGLE ROOM (supplemental charge \$1,029)

3. BILLING + PAYMENT

SEND BILL TO: Participant 1 Participant 2 Participant 3 Participant 4

Bill each participant Individually

OTHER (please provide name/ address/ telephone) _____

To simplify your payments we accept Visa or MasterCard—with a 3% surcharge per transaction.
Checks can be made out to the Jewish Federation of Greater Dayton.

A deposit of \$500 per participant is due upon receipt of this application and no later than July 15, 2010.

I hereby authorize The Jewish Federation of Greater Dayton to charge the credit card provided below. I understand that these payments are necessary in order to reserve airline seats and hotel accommodations. I further recognize that these payments are payments for services (i.e., airfare, hotels, etc.) and not charitable contributions. I understand a 3% surcharge will be added per credit card transaction.

Signature Date

Name on Card: _____

Visa Mastercard

Card Number: _____

Expiration Date: _____ SEC Code: _____

4. PAYMENT SCHEDULE

Half of the balance is due by August 2, 2010.
Remainder of the balance is due by September 1, 2010.

5. CANCELLATION POLICIES

- A. Airfare: Non-refundable after September 15, 2010. (See information on travel insurance below.)
- B. Land Portion:
 - Up to 60 days before arrival—\$100 per person.
 - From 60-30 days before arrival—\$250 per person.
 - Between 30/7 days before arrival—\$500 per person plus any hotel cancellation fees.

6. GROUP FLIGHT INFORMATION

Departing: December 19, 2010 by Continental Airlines
Dayton to Newark, depart 10:45 a.m.
Newark to Tel Aviv, depart 3:55 p.m.—arrival 9:15 a.m.

Returning: December 28 by Continental Airlines
Tel Aviv to Newark, depart 11:40 p.m.— 4:50 a.m.
Newark to Dayton, depart 7:30 a.m.—arrival 9:24 a.m.

7. CONTINENTAL OR SHARE CODE FREQUENT FLIER MILES

Participant 1 _____

Participant 2 _____

Participant 3 _____

Participant 4 _____

8. SPECIAL TRAVEL ARRANGEMENTS FOR EACH PARTICIPANT

Participant 1 (please circle choices)

Coach Business First Class(subject to availability)

Seat type: Aisle Window Other: _____

Special Dietary Needs: Kosher Vegetarian Other (please specify): _____

Participant 2 (please circle choices)

Coach Business First Class(subject to availability)

Seat type: Aisle Window Other: _____

Special Dietary Needs: Kosher Vegetarian Other (please specify): _____

8. SPECIAL TRAVEL ARRANGEMENTS FOR EACH PARTICIPANT (continued)

Participant 3 (please circle choices)

Coach Business First Class(subject to availability)

Seat type: Aisle Window Other: _____

Special Dietary Needs: Kosher Vegetarian Other (please specify): _____

Participant 4 (please circle choices)

Coach Business First Class(subject to availability)

Seat type: Aisle Window Other: _____

Special Dietary Needs: Kosher Vegetarian Other (please specify): _____

The Jewish Federation of Greater Dayton strongly recommends that each participant purchase travel insurance which provides for reimbursement for trip delay/ missed connections, sickness medical expense, accident medical expense, lost baggage/ personal effects, baggage delay, etc.

IMPORTANT MEDICAL/EMERGENCY INFORMATION (Please print clearly)

Emergency Contact:

Name _____ Relationship: _____

Address _____

City _____ State _____ Zip Code _____

SIGNATURE OF PERSON ACTUALLY COMPLETING APPLICATION

Please print name _____ Date: _____

***JFGD reserves the right to limit participation based upon eligibility requirements and space available.**

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

I am aware of the risks of travel to Israel, and 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 for Israel, Gaza, and the West Bank found 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 Greater Dayton (JFGD) Mission (the "Mission") 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 the Mission.

I acknowledge and affirm that, notwithstanding any security arrangements that may be made by JFGD does not guarantee and is not responsible for my personal safety or the safety of my property while participating in the Mission or any Mission-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 Mission, I do, for myself, my spouse, heirs, executors, administrators and assigns, release and forever discharge JFGD, its respective subsidiaries, affiliates, predecessors, successors, and assigns, and all of its 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 Mission or any activities in connection with the Mission.

This release contains the entire agreement 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 New York, 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 JFGD.

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. Please sign: Note: JFGD requires 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. Please note if you are traveling with a minor under the age of 18, a parent or legal guardian must sign for them. Thank you for your cooperation.

**Participant #1: _____
Print Name**

Signature _____ Date _____

**Participant #2: _____
Print Name**

Signature _____ Date _____

**Participant #3: _____
Print Name**

Signature _____ Date _____

**Participant #4: _____
Print Name**

Signature _____ Date _____

PHOTO/IMAGE RELEASE

I hereby grant the permission, without reservation, to the Jewish Federation of Greater Dayton (“JFGD”) to take and to use photographs and/or sound/image recordings of me, to describe and to use the same for promotion of good will, public education, and/or fundraising and other related activities of JFGD, and I waive any right to inspect or approve the photograph(s) or finished version(s) of works, including web site, incorporating the photograph(s).

I release JFGD, its officers, trustees, agents, employees, independent contractors, licensees and assignees (including photographers), from all claims that I may have or might have, for any cause of action arising out of taking and/or use of the photographs and/or any sound/image recordings, and/or description of the same, be it blurring, distortion, alteration, optical illusion, or use of composite form whether intentional or otherwise, that may occur or be produced in taking of photographs, or any processing toward the completion of the finished product, unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I recognize that JFGD owns the copyright (or may apply for copyright) in these photographs and other works and creations, and I hereby waive any claims I may have based on any usage of the photographs or works derived there from in any form, whether it be printed, projected, televised or transmitted via the web, or/and at any time, be it in the present or in the future, including, but not limited to claims for either invasions or privacy or libel.

I am of full age and competent to sign this release. I agree that this release shall be binding on legal representatives, my heirs, assigns, and me. I have read this release and I fully understand its contents.

Participant #1: _____
Print Name

Signature Date

Participant #2 _____
Print Name

Signature Date

Participant #3: _____
Print Name

Signature Date

Participant #4: _____
Print Name

Signature Date

SECURITY NOTICE AND DIRECTIVES TO MISSION PARTICIPANTS

United Jewish Communities and Federations are vitally committed to the people of Israel. We have pledged to stand with the people of Israel during the trying days of the current intifada and terrorist violence by continuing to send Missions to Israel. You have expressed your own commitment and love for the people of Israel by your deciding to join us. We are deeply grateful. We are committed to providing you a meaningful Mission experience. Toward this end, the itinerary of every JFGD Mission to Israel is subject to very careful, expert scrutiny by security officials in Israel. We will visit specified sites only once we have received that security clearance and we will cancel any visits that the security officials tell us may pose a potential danger.¹ **WE TAKE THESE STEPS, AND WE ADHERE FIRMLY TO THEM, TO PROTECT YOU. WE EXPECT THE SAME PRUDENCE TO BE EXERCISED BY ALL MISSION PARTICIPANTS.** We request that you abide by all guidelines and instructions given to Mission participants by JFGD and our Israel Tour Office during your stay. When we warn against visiting certain areas that we have been advised could be dangerous, we firmly require that you honor these directions—should you elect otherwise, **YOU SHOULD RECOGNIZE THAT YOUR SAFETY COULD BE IMPERILED, AND THAT YOU MAY BE EXPOSED TO GREATER RISK.** Further, if you request an itinerary change that extends beyond our carefully developed and monitored security guidelines and program capability, JFGD and/or Ayelet Tours Office **WILL NOT ACCOMMODATE SAID REQUESTS.** Questions about this may be directed to our missions team. Notwithstanding the above, if on your own accord, you elect to make unilateral arrangements for a Mission itinerary component outside of our security guidelines and program capability, we will ask to be kept apprised so that our Mission team and Mabat Travel office can maintain contact with you at all times while in Israel. We will use the training, good judgment, and experience of our Israeli colleagues, Ayelet Tours Office, and our entire Missions team to seek to reward your expression of commitment to the people of Israel with a trip that is meaningful, fulfilling, and that is protective of your safety. These objectives will be accomplished if we have your trust and full cooperation in implementing this mission security protocol.

_____ (Please initial)

NOTICE OF RISKS OF TRAVEL TO ISRAEL, RELEASE AND SIGNATURE

I AM AWARE OF THE RISKS OF TRAVEL TO ISRAEL, INCLUDING RISKS ASSOCIATED WITH MY SAFETY AND SECURITY. I AM ALSO AWARE, AND I HAVE BEEN WARNED, THAT, AS OF THE DATE OF THIS APPLICATION, THE U.S. DEPARTMENT OF STATE HAS ISSUED A TRAVEL WARNING TO UNITED STATES CITIZENS REGARDING TRAVEL TO ISRAEL, GAZA AND THE WEST BANK (THE “TRAVEL WARNING”). I am voluntarily participating in this Mission sponsored by Jewish Federation of Greater Dayton (JFGD), with the full understanding of these risks and the Travel Warning, as well as any future travel warnings or advisories that may be in effect at the time of travel, *I understand and agree to abide by the Security Notice and Directives to to Mission Participants; I hereby assume and agree to accept any and all risks to my safety and security during the course of participating in the Mission; and I hereby release JFGD and any of its trustees, officers, agents and employees from any claims which may accordingly arise during the course of my participation in the Mission.

Signature _____ Date _____

***FOR CURRENT INFORMATION REGARDING THE U.S. DEPT. OF STATE’S POSITION REGARDING TRAVEL TO ISRAEL AND SURROUNDING AREAS, PLEASE CONTACT DIRECTLY THE U.S. DEPT. OF STATE, OVERSEAS CITIZENS SERVICE AT 2201 C STREET NW, WASHINGTON, DC 20520, WWW.TRAVEL.STATE.GOV OR PHONE 202-647-5225.**

_____ (Please initial)

¹Each itinerary is submitted to the Tourism Authority, which maintains ongoing liaison with the police and internal secret service. They review the planned visits, and advise JFGD accordingly. JFGD receives up to date reports on the security situation in all areas. In addition, JFGD engages a security company that supplies guards for the buses and a guard who scouts the road and sites in advance of the Mission.