



Applicant Consent and Release Form

I have been provided with a current copy of, read and understand the Cancellation Policies of the FaithWalk International Journey. I understand that inherent dangers exist when traveling internationally and have been strongly advised by FaithWalk International to purchase travel insurance that includes emergency medical services. I understand and agree that should I require an early departure from Israel and the FaithWalk International Journey for any reason, including my health condition, I will be financially responsible for all costs and expenses incurred due to my early return, including specifically but not limited to any flights.

Hereinafter FaithWalk International, the FaithWalk International Board of Directors, Advisors and associated volunteers, the referencing pastor, Summit Church DC, Springfield, Winter Haven Worship Center, Christian Family Church Tampa, New Day Community Church Lowville, and Covenant Tours of Israel and its travel associates ("Agents" and "Indemnitees") collectively and individually act only as an agent for the Applicant with all aspects of the Applicant's trip to Israel commencing on the 7th day of September 2018. It is understood and agreed that the Indemnitees assume no liability or responsibility for injury, damage, loss, accident, medical expenses, delay or irregularity, losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration to FaithWalk International. I understand that my image may be edited, copied, exhibited, published or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in ministerial settings within an unrestricted geographic area.

By signing this release I understand and agree that such photographic or video recordings of me may be electronically displayed via the Internet or in print. My permission and consent is perpetual and worldwide in scope.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby waive and release any and all claims whether present or in the future against any person associated with FaithWalk International or affiliated ministries.

I have read the above and hereby waive any claim and release the Indemnitees from any liability.

Applicant Name: _____

(Please Print Full Legal Name)

Applicant Signature: _____ Date: _____

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY TO BE ACCEPTED

STATE OF
COUNTY OF

The foregoing form was acknowledged and signed before me this _____ day of _____, 2015 by _____

_____ who is either personally known to me or has produced _____ for identification.

Notary Stamp:

Notary Public