

Join Us! Moldova Mission Trip

January 24-February 10, 2019

Each Moldova Mission Trip participant is required to complete this Registration Form and return it to It Is Written at the time of reservation (parents, please complete the form on behalf of your children). Please complete the form, sign it and return by mail to It Is Written Moldova Mission Trip, P.O. Box 6, Chattanooga, TN 37401, fax to 877-507-3239, or scan and e-mail the form to mariar@iiw.org.

Personal Inform	lation		
Name: (as it appears on	passport)		
Nickname:			
Complete Address:			
Phone/Cell:	Date of Birth:		
Email: (required)		Passport Number:	Nationality:
Are you a medical profes If yes, briefly describe de	•	Issue Date:	Exp. Date:
	general approximation		
Dietary Restrict	ions / Preferences /	Emergency Cont	tact
	dication, have any allergies, a heart		cally disabled or handicapped, under pressure, or suffer from back or neck
IN CASE OF EMERGENCY (CONTACT		
1.	Relationship:	Telephone:	
2.	Relationship:	Telephon	e:
TERMS AND CONDITION accompanying this form.	ONS: I have read, understand a	and accept Moldova Missio	n Trip terms and conditions
Date:	Signature:		

Moldova Mission Trip General Terms and Conditions

RESERVATIONS, DEPOSIT AND PAYMENT: The Moldova Mission Trip price, \$1100, includes all lodging, <u>almost</u> all food, transportation (while in Moldova), and personal insurance from January 24 – February 10, 2019.

Space is limited. To make your reservation (deadline: December 13, 2018), please call Maria Rayburn at (423)362-5846 or send an e-mail to <u>mariar@iiw.org</u>. Reservations are accepted and confirmed after we receive a non-refundable deposit of \$500, the Registration form and the Release of Liability and Assumption of All Risks form. The remaining \$600 must be received by January 10, 2019.

EXCLUSIONS: Expenses and terms not mentioned are not covered, including but not limited to: passport, immunization charges, airfare to and from Moldova, snacks, soft drinks, bottled water, laundry and pressing services, items of a personal nature, and baggage handling. The purchase of this Moldova Mission Trip is not tax deductible and cannot be applied toward any It Is Written Partnership commitments.

HEALTH REQUIREMENTS: In order to enjoy the Moldova Mission Trip, participants must be in general good health. The trip is intended for persons of reasonably good health and without serious physical disabilities. Therefore, it is imperative that persons with medical problems make them known at the time of registration. It Is Written reserves the right to decline to accept anyone as a Moldova Mission Trip participant if they are deemed to be medically unfit for travel. By submitting a deposit for the trip, you certify that you do not have any physical disability that might create a hazard for yourself or other participants. It Is Written assumes no liability regarding the provision of medical care or any special medical accommodations. It is the responsibility of the participant to check with their medical professionals to ensure that they are fit for the journey.

RESPONSIBILITY: It Is Written cannot be held responsible for any additional costs incurred by the passenger due to missed, canceled or delayed flights, or any additional costs incurred due to the cancellation of the trip by It Is Written. These costs will be the responsibility of the participant. By going on the trip, the participant agrees that It Is Written shall not be or become liable or responsible for any loss, injury or damage of person, property or otherwise, in connection with, and accommodations, transportation, or other services, resulting directly or indirectly from exceptional acts of life.

AS LAWFUL CONSIDERATION for the agreement with It Is Written to participate in the Moldova Mission Trip, you hereby agree that you will not make a claim against It Is Written or sue for bodily injury, emotional trauma, death and/or property damage, however caused, as a result of your participation in the Moldova Mission Trip. You therefore release It Is Written and its employees from all claims, actions, and demands that you may have for bodily injury, death, or property damage arising from your participation in the trip. This Release of Liability and Assumption of All Risks agreement is entered into on behalf of all members of your family including minors accompanying you. This agreement is binding on your heirs, legal representatives and assigns. If any portion of this agreement is unenforceable, the remaining portions shall remain in full force and effect.

Moldova Mission Trip with It Is Written

${\bf Moldova\, Mission\, Trip\, {\it with}\, It\, Is\, Written}$

Release of Liability and Assumption of All Risks

I,	acknowledge that I have voluntarily applied to
participate in the Moldova Mission Trip. I am volu	intarily participating in the trip with the knowledge
that travel to foreign countries may involve some inhe	erent fisk.
I HEREBY AGREE TO BE RESPONSIBLE FOR TIALS HERE:	MY OWN WELFARE BY PLACING MY INI-
RELEASE: I acknowledge that the cost of the Mo executing this Release of Liability and Assumption of being permitted to participate on such trip(s), I herek AND ITS AGENTS AND EMPLOYEES FROM AN ING FROM MY PARTICIPATION IN THE TRIP. I myself, all minors under the age of 21 traveling wit sentatives, it being my intention to fully assume all the and all liabilities to the maximum extent permitted by acceptance by IT IS WRITTEN and upon acceptance	of All Risks. Therefore, as a lawful consideration for by RELEASE AND DISCHARGE IT IS WRITTEN ND AGAINST ANY AND ALL LIABILITY ARISagree that this release shall be legally binding upon h me, my heirs, successors, assigns and legal represers the risk of travel and to release It Is Written from any a law. I understand that all applications are subject to
KNOWING AND VOLUNTARY EXECUTION: It and legal ramifications of this agreement as well as a understand this is a legally binding and enforceable of any portion of this agreement is found to be voice main in full force and effect.	all the conditions as stated in terms and conditions. I contract and sign it on my own free will. I agree that
Signature of Applicant:	Dated:
PARENT OR GUARDIAN OR MINOR: I certify the named minor and hereby give permission for this mir agree individually and on behalf of my child to the te	nor to participate in the Moldova Mission Trip. I
Name of Minor (If Applicable)	
Signature of Release	
Please return signed release of liability with your regi	stration form and deposit.