

Join Us! India Mission Trip February 4 - 16, 2020

Each India 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, India 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 Informa	tion		
Name: (as it appears on pa	assport)		
Nickname:			
Complete Address:			
Phone/Cell:		Date of Birth:	
Email: (required)		Passport Number:	Nationality:
Are you a medical profession	onal? yes no	Issue Date:	Exp. Date:
If yes, briefly describe degi	ree or specialty below:	Will you be preaching?	yes no
Dietary Restrictio	ons / Preferences /	Emergency Contac	et
	ation, have any allergies, a heart c	ATIONS (please advise if physically condition, diabetes, high blood press	
IN CASE OF EMERGENCY CO	NTACT		
1.	Relationship:	Telephone:	
2.	Relationship:	Telephone:	
TERMS AND CONDITION conditions accompanying thi		nd accept the India Mission T	rip terms and
Date:	Signature: _		

India Mission Trip General Terms and Conditions

RESERVATIONS, DEPOSIT, AND PAYMENT: The India Mission Trip price (\$1,500) includes all lodging, almost all food, transportation (while in India), and personal insurance from February 4 - 16, 2020.

Space is limited. To make your reservation (deadline: December 17, 2019), please call Maria Rayburn at (423)362-5846 or send an e-mail to mariar@iiw.org. 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 \$1000 must be received by January 7, 2020.

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

HEALTH REQUIREMENTS: In order to enjoy the India 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 India 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 India 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 India 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.

India Mission Trip with It Is Written

P.O. Box 6, Chattanooga, TN 37401 (423) 362-5846

India Mission Trip with It Is Written Release of Liability and Assumption of All Risks

I,acknow	wledge that I have voluntarily applied to
participate in the India Mission Trip. I am voluntarily pa	articipating in the trip with the knowledge
that travel to foreign countries may involve some inherent risk	
I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN HERE:	WELFARE BY PLACING MY INITIALS
RELEASE: I acknowledge that the cost of the India Miss executing this Release of Liability and Assumption of All Ribeing permitted to participate on such trip(s), I hereby RELEAND ITS AGENTS AND EMPLOYEES FROM AND AGAING FROM MY PARTICIPATION IN THE TRIP. I agree the myself, all minors under the age of 21 traveling with me representatives, it being my intention to fully assume all the riany and all liabilities to the maximum extent permitted by subject to acceptance by IT IS WRITTEN and upon acceptance	sks. Therefore, as a lawful consideration for EASE AND DISCHARGE IT IS WRITTEN AINST ANY AND ALL LIABILITY ARIShat this release shall be legally binding upon e, my heirs, successors, assigns and legal isk of travel and to release It Is Written from law. I understand that all applications are
KNOWING AND VOLUNTARY EXECUTION: I have car and legal ramifications of this agreement as well as all the counderstand this is a legally binding and enforceable contract a any portion of this agreement is found to be void or unenforcefull force and effect.	onditions as stated in terms and conditions. I and sign it on my own free will. I agree that if
Signature of Applicant:	Dated:
PARENT OR GUARDIAN OR MINOR: I certify that I am the named minor and hereby give permission for this minor to particularly and on behalf of my child to the terms above.	
Name of Minor (If Applicable)	-
Signature of Release	-
Please return signed release of liability with your registration to	form and deposit.