



# Tour Registration

Tour Dates: \_\_\_\_\_

## Personal Information

Name—first, middle, last (as written in passport):

\_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status: \_\_\_\_\_ Passport #: \_\_\_\_\_

Passport expiration date: \_\_\_\_\_ (Note: Your passport needs to be valid for six months after the return date of the trip. If it is not, you must renew it before departure.)

## In case of emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please list any allergies, physical handicaps, medication you are taking, special dietary restrictions or medical conditions we should be aware of: \_\_\_\_\_

I understand that this Tour is a group activity and by signing here I agree that I will abide by the team leaders' policies and decisions. I understand that I will be traveling through religiously, culturally, and security sensitive areas, so I will guard my words and actions, especially when warned by a team leader. I agree to lay down my perceived rights as needed so as not to offend those who observe my actions.

\_\_\_\_\_  
Signature Date

Please complete registration and medical/liability release and mail to:

**Ta'Shuf Tours**  
**c/o Bethlehem Bible College**  
614-C South Business IH-35  
New Braunfels, TX 78130

Or email completed forms to: [info@bethbcusa.org](mailto:info@bethbcusa.org)

## Liability / Medical Release

I hereby release, acquit, and discharge Ta'Shuf Tours, Bethlehem Bible Co. (US), Bethlehem Bible College and their employees, agents, and authorized representatives from all damages, injuries, claims, demands, or causes of action I or any family member, my heirs, executors, administrators, or assigns may have arising out of this Tour to Israel and Palestine.

Additionally, I authorize Ta'Shuf Tours, Bethlehem Bible Co. (US), Bethlehem Bible College and their employees, agents, and authorized representatives to consent to any emergency medical treatment to be rendered to the participant named below should that be deemed necessary. I assume responsibility for any and all costs for such emergency medical treatment not covered by trip insurance. Payment to and responsibility by Ta'Shuf Tours, Bethlehem Bible Co. (US), and Bethlehem Bible College will extend to the established trip itinerary only. If I extend my travel plans or deviate in any way from the established trip itinerary (including lost documents) I assume any and all costs and any and all liability for that portion of the trip. No refund will be issued by Ta'Shuf Tours, Bethlehem Bible Co. (US), or Bethlehem Bible College.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Name (printed)

### Complete this section only if the participant is a minor

I grant permission for my child (name) \_\_\_\_\_, age \_\_\_\_\_, who was born in (city, state) \_\_\_\_\_ on (date of birth) \_\_\_\_\_ to travel in company with Ta'Shuf Tours, Bethlehem Bible Co. (US), Bethlehem Bible College, their employees and/or authorized representatives on the trip described above.

\_\_\_\_\_  
Mother's signature\*

\_\_\_\_\_  
Father's signature\*

**\*Both parents' signatures required unless arranged with Ta'Shuf Tours, Bethlehem Bible Co.**

**Please note: For minors only, this form must be notarized before returning. If notarization is required, the original form must be mailed to Ta'Shuf Tours.**

County of \_\_\_\_\_

State of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed (Notary Public): \_\_\_\_\_