

CONTACT INFORMATION				
FIRST NAME	MIDDLE NAME	LAST NAME		
NAME as you would	like it on name tag			
EMAIL ADDRESS		HOME PHONE NUMBER		
BUSINESS PHONE N	IUMBER	CELL PHONE NUMBER		
ADDRESS				
CITY	STATE	ZIPCODE		
PERSONAL INFOI	RMATION (Your passport mus	st be valid for at least 6 months after your return to		
he United States)	( [ ]	5		
FULL NAME as it ap	pears on your passport			
DATE OF BIRTH (mr	m/dd/yyyy)	COUNTRY OF BIRTH		
PASSPORT NUMBER	R	PASSPORT EXPIRATION DATE		

### PASSPORT ISSUING COUNTRY

Please attach a legible copy of the front page of your passport to complete your application. You may also scan and email to <a href="majernation-mprumhess@bjela.org">mprumhess@bjela.org</a>.

### FOR ISRAELI CITIZENS:

If you were born in Israel, you must also possess an Israeli passport (valid for at least 6 months after your return to the United States). Please send a copy of your Israeli passport as well.



### **EMERGENCY CONTACT INFORMATION**

MERGENCY CONTACT #1:		
FIRST NAME	LAST NAME	
RELATION TO YOU	EMERGENCY EMAIL	
EMERGENCY PHONE NUMBER	2 <sup>ND</sup> PHONE NUMBER	
MERGENCY CONTACT #2:		
FIRST NAME	LAST NAME	
RELATION TO YOU	EMERGENCY EMAIL	
EMERGENCY PHONE NUMBER	2 <sup>ND</sup> PHONE NUMBER	



### **MEDICAL INFORMATION**

The following optional information will be held in strict confidence; however, it will enable BJE trip organizers to plan activities on a daily basis and to respond appropriately in case of a medical emergency.

<b>DIETARY INFORMATION:</b> Please note that, particularly in Poland, it is not always possible to meet special dietary needs. Participants with restricted diets are encouraged to pack appropriate, non-perishable food. We cannot guarantee meeting specific dietary needs.
<ul><li>□ Vegan</li><li>□ †Lacto-Ovo Vegetarian</li><li>□ Pescatarian</li></ul>
□ No Red Meat
☐ Gluten Free
☐ Dairy Free
†All provided meals are Kosher. Please explain any additional dietary concerns/restrictions/food allergies here.
PHYSICAL & EMOTIONAL ABILITY  The program in Poland and Israel is very demanding and rigorous, requiring early wake-up and participation in 15 hours of programming which can include long bus rides and extensive walking.  Please rate your preparedness for the rigorous nature of the trip:  Uvery Prepared Prepared Concerned Very Concerned
ALLERGIES/ASTHMA
Do you have other (non-food) allergies not explained above? Please list.
Please note other chronic conditions or medications that medical personnel should know about in case of emergency.
Do You Carry an Epi-Pen? □ Yes □ No



#### PARTICIPANT STATEMENT OF UNDERSTANDING

The March of the Living is an intense and demanding physical and emotional experience. I have evaluated my ability to participate based on the following factors:

### **Social environment:**

MOL participants will be members of up to one bus group of people. The group will eat, travel and participate in activities together for the entire duration of the trip.

### **Activity:**

MOL participants will face a new and strenuous environment which will be physically as well as emotionally stressful. In Poland, they will visit places such as the Nazi extermination camps of Auschwitz and Majdanek where they will be emotionally affected. The programming runs from early morning (7am) to late at night (11pm-12am) with very little "down-time". Participants will experience long bus rides and walking long distances.

### **Medical Facilities:**

The medical facilities available for participants will cover only acute illnesses and accidents. There are no facilities available within the framework of the MOL for the treatment of chronic disturbances. If medication is required while under the auspices of the program, it is advisable that participants travel with a written prescription for each medication. Since medication is often not available under the same trade name as in the country of origin, the full pharmacological name of all medicines and drugs should be supplied. In any event, participants should bring an extra supply of the required medicine with them.

<u>In order to ensure your comfort and safety, please let us know of any medical conditions or concerns</u> you have in the space provided below:

I am fully aware of the social environment and activity levels inherent in participating in this program and I believe that I am physically and mentally capable of handling the intensity of this program.

Name of Participant (please print):			
Signature of Participant:	Date:		



#### \*TRIP OPTIONS & REFUND POLICY

## Please circle Option 1, 2, 3, or 4 below:

	Early registration before September 1, 2018	\$7,095	DEPOSIT:
	Full Program: April 30 – Havdalah on May 11: 7 nights in Poland, 5 nights in	per	\$1,000
1	Israel (through Sunday morning 5/12) - based on double occupancy**; "coach"	person	
	flights Warsaw→TLV. (A limited number of business class seats** -(business		
	seating NOT special service - may be available on Warsaw →Tel Aviv, and can be		<b>BALANCE</b>
	requested on page 6.) Includes ground travel and admissions to museums and		<u>DUE IN</u>
	sites; (Kosher) meals; excluding baggage fees and tips. Does <u>not</u> include		FULL BY:
	transportation to and from Los Angeles.		OCT. 30,
	Early registration before September 1, 2018	\$4,695	2018
2	Poland only: April 30 – May 7: 7 nights in Poland - double occupancy; ground	per	
	travel and admissions to museums and sites; (Kosher) meals. Does not include	person	
	transportation to and from Los Angeles to Poland.		
	Application received September 1, 2018 or later, on a space available basis	\$7,445	
3	Poland and Israel	per	
		person	
	Application received September 1, 2018 or later, on a space available basis	\$4,995	
4	Poland only	per	
		person	

Note: Airport transfers are not included except for those on the WAW-TLV flight.

Schedule of fees, in boxes 1 &2, is based on completed registration before September 1, 2018 and payment in full by October 30, 2018, and is subject to space availability. On a space available basis, registration will be accepted September 1 and after at the rates in boxes 3 & 4.

**Single R	oom and I	Business	Seating	Flight	Supplements:

Single room supplement: Poland \$1,025 \_\_\_\_\_ Israel \$1,000

Business <u>seating</u>, when available on International "March" charter flights, (seat only; not service) Warsaw—TLV \$ 500

<b>REFUND POLICY PER PERSON:</b>	Non-Refundable Fee:
	4

Cancellation prior to and including Oct. 30, 2018 \$ 500
Cancellation between Oct. 31-Nov. 28, 2018 \$1,500
Cancellation between Nov. 29-Dec. 27, 2018 \$2,250
Cancellation between Dec. 28, 2018-Jan. 29, 2019 \$3,250
Cancellation between Jan. 30-Mar. 14, 2019 \$4,250

Cancellation March 14, 2019 or after Full payment is charged

### Accommodations (Please make selection)

For (standard) Double Room occup	ancy, please indicate roommate req	uest:
·		

Preference: ☐ twin bed ☐ double bed

<sup>\*</sup> Subject to price increase of up to 3% in case of dollar fluctuation, surge in fuel (and airfare) prices or other factors.



### **PAYMENT SCHEDULE**

\$1,000 deposit is due at time of registration.

Balance is due in full by October 30, 2018. On a space available basis, registration will be accepted September 1 and after. Payment in full is required by October 30. Should space remain available after October 30, 2018, payment in full is required upon registration.

**Please Note:** A minimum of 25 participants is required for the trip. Please wait for confirmation that the trip has reached the minimum number of participants **before booking air travel.** 

	Enclosed is my <b>OR</b>	deposit check in the ar	mount of \$1,000 made out to	o BJE-Adult March of the Living.
	Please charge	my \$ 1,000 deposit to 1	my (provide details below):	
	□ VISA	☐ MASTERCARD	☐ AMERICAN EXPRESS	☐ DISCOVER
Naı	me of Cardholde	er		
Bill	ing Address		Billing C	City
Sta	te	Billing	Zip Code	
Car	d #		Exp. Date (mm,	/yy) CVV
	card (if you have Please also cha If available, I <i>re</i> business <i>servic</i>	ve previously made a de rge a single room supp equest business class se e) Warsaw to Tel Aviv (	eposit by check, please fill in Dement:  \$1,025 for Polanteating (note: business class sactional)	d and/or   \$1,000 for Israel
Sig	nature of Cardh	older:	Da	te:
T-\$	Shirt Size (for Small Medium Large X-Large	r "March" T-Shirt,	based on men's sizing)	





### **GENERAL RELEASE FORM - 2019**

Name of Participant (Please Print)

Thank you for enrolling in the 2019 Adult BJE March of the Living. Land arrangements in connection with this program are made through "March of the Living," not an affiliate of BJE. In consideration of BJE accepting your registration, you, the undersigned Participant ("Participant"), acknowledge and agree on your part and on behalf of heirs, family members, successors, guardians or legal representative, estates, trusts, trustees, agents and assigns, to hold harmless and waive any and all claims against BJE, any of its officers, directors, trustees, employees, agents and/or volunteers, and/or any of their respective heirs, family members, successors, guardians or legal representatives, trusts, trustees and estates (collectively "Released Parties"), arising out of ordinary negligence and related to or arising from participation in the March of the Living, including all transportation to and from and while in Israel, Poland, and the United States. This hold harmless agreement includes claims related to personal injury, emotional distress, wrongful death, damage to personal property, or any other claim arising out of ordinary negligence that may be raised by Participant.

BJE does not carry or maintain any health, medical, disability, damage or other liability, insurance coverage or life insurance for the benefit of Participant, and expressly disclaims any responsibility or obligation to do so.

It is understood that BJE and Released Parties are not agents of, and have no responsibility for, any third party that may provide any services, equipment, training, transportation, or activities associated with the March of the Living, or in connection with travel to, in and from Israel, Poland, and the United States.

If any person and/or entity including the Participant asserts any demand, claim and/or cause of action of any type and nature against the Released Parties, for any injury, loss, death or damage that the Participant or any of them allegedly suffers from or causes as a result of Participant's participation in the March of the Living program, Participant agrees to indemnify and hold the Released Parties, and each of them, harmless from and against any and all such claims, demands, damages, costs, including reasonable attorney's fees, and Participant will: (1) pay for all costs of defense, including but not limited to attorney's fees and costs, of the Released Parties against whom such claims are made; (2) pay any settlement, arbitration award or judgment assessed against the Released Parties; and (3) hold the Released Parties completely and entirely harmless from any such claims, demands, lawsuits, settlements, arbitration awards or judgments.

Participant acknowledges and agrees that the terms, conditions and enforcement of this agreement shall be governed by the laws of the State of California. Participant acknowledges and agrees that any dispute regarding the terms, conditions or enforcement of this agreement shall be governed by the laws of the State of California. Participant acknowledges and agrees that any claim or dispute arising out of this agreement including claims for injury, damage, loss or death suffered by

Completed application can be mailed to: BJE Adult March of the Living, 6505 Wilshire Blvd., #300, Los Angeles, CA 90048; faxed to: 323.761.8640; or scanned and emailed to mgoldman@bjela.org. Application is also available at www.bjela.org. For questions or further information, call Mrs. Miriam Goldman at 323.761.8619.



Participant, arising out of or relating to participation in the *March of the Living*, or transportation to and from and while in the program shall be governed by the laws of the State of California. Participant further agrees and acknowledges that any suit, action, or proceeding brought to enforce or arising under this agreement including claims for injury, damage, loss or death suffered by Participant arising out of or relating to participation in the *March of the Living*, and transportation to and from and while in the program, may only be brought (i.e., venued) in the State of California, County of Los Angeles, and the Participant expressly waives the right to assert jurisdiction or venue in any other location than the State of California, County of Los Angeles.

The releases and covenants not to sue set forth above apply to any claims, injuries, losses or damages arising by reason of any delay, modification, curtailment or cancellation by either party, in whole or in part, of any of the arrangements pertaining to, or services to be provided for, or facilities to be furnished in connection with participation in the *March of the Living*.

Assumption of Risks: In January, 2018 the United States Department of State alerted U.S. citizens to the potential of terrorist activities in Israel. No specific travel warnings relating to Poland were in effect at the time this form was published/posted. BJE encourages Participants to consult the State Department's website, <a href="http://travel.state.gov">http://travel.state.gov</a> to keep current with respect to the any travel alerts or warnings. I acknowledge and expressly assume all risks and dangers associated with all trip activities, whether described above, known or unknown, and inherent or otherwise. I take full responsibility for any injury or loss, including death, which may arise in whole or in part from participation in the activities of the trip.

It is understood and agreed that designees of the Director of *March of the Living* and of BJE may photograph, film, videotape, audiotape or reproduce written materials of Participant for use in publications and publicity.

Participant has consulted a physician of Participant's own choice and has been advised by such physician that Participant is in good health, does not suffer from any physical or mental ailment or disability which requires medical or surgical care or treatment, or which would make Participant's travel to or from Israel or Poland or Participant's sojourn in Israel or Poland and/or participation in the *March of the Living* hazardous, unwise, unwarranted or a potential source of danger to Participant or others who may travel, be sheltered, or participate in the *March of the Living* with Participant.

Name of Participant (Please Print)	<del></del>
Participant's Signature	Date