WESTMINSTER CALVARY

Israel Participant Agreement

2026 | After acceptance | Adult participants age 18 and older

Participant: _____

Trip or destination: _____ Dates: _____

Team leader and contact: _____

Our purpose and your commitment

We go to represent and serve Christ alongside ministry partners. I agree to prepare prayerfully, serve with humility, and support the process WC leadership and hosts are doing. During preparation and the trip, I agree to the following:

- Attend required training and follow team schedules, safety instructions, and directions from church leaders and ministry hosts. Discuss any concerns promptly.
- Work with the team, communicate whereabouts, and obtain leader approval before independent travel, changes in lodging, or activities outside the itinerary.
- Respect local culture and people. Avoid harassment and sexual misconduct. Address disagreements respectfully and bring unresolved concerns to leadership.
- Abstain from alcohol, tobacco or nicotine products, and recreational drugs during the trip. Do not misuse medication. Discuss prescribed medication needs privately before travel.
- Follow the church and host safeguarding policies, including approved supervision and boundaries around children and vulnerable people. Complete required screening and training as required.
- Protect private information. Obtain required consent before photographing or recording people; follow host restrictions on posts, locations, names, and ministry information.
- Report injuries, illness, threats, suspected abuse, or misconduct promptly. Reports may be made to a pastor or team leader; nothing here limits contacting emergency services or civil authorities.

Leadership may restrict activities or end participation for safety concerns or serious misconduct. Any arrangements for early return or international travel delays are all individual costs, which Westminster Calvary is not responsible for.

Trip cost and cancellation terms

Trip cost: $_____ Deposit: $_____ Final payment due: _____

Written payment and cancellation terms supplied on: _____ Version: _____

☐ I understand the electronic written terms on Stephen's Gate Travel portal, including withdrawal, trip cancellation, unrecoverable expenses, and any early-return costs. I have had an opportunity to ask questions.

Participant signature: _____ Date: _____

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Confidential Medical and Emergency Information

Applicant or participant name: _____

Complete after acceptance. Share only information needed to plan safe participation or respond to an emergency. Return directly to the designated trip coordinator; tell the leader promptly if anything changes.
Date of birth: _____ Cell phone: _____

Emergency Contacts

Primary contact: _____ Relationship: _____

Primary phone: _____ Alternate phone: _____

Second contact: _____ Relationship: _____

Phone: _____

Health and Support Needs

Conditions, mobility or accessibility needs, or other health concerns relevant to this trip
☐ None to report ☐ Please contact me privately ☐ Details below

_____

Allergies and dietary needs. Include medication allergies and any emergency action plan.

_____

Medications needed during the trip and assistance needs.

_____

Please discuss any rescue medication, emergency plan, or requested accommodation with the leader. Participants ordinarily manage their own medications unless another arrangement is agreed in advance.

Insurance and Emergency Care

Health insurer: _____ Member or policy number: _____

Insurer assistance phone: _____

Travel medical or evacuation insurer if applicable: _____

Policy number and 24-hour assistance phone: _____

☐ Coverage details supplied ☐ Coverage arranged through 3rd party ☐ Needs follow-up

If I cannot give consent in an emergency, I authorize trip leaders to seek emergency medical care and transportation for me and to share relevant information with treating providers. This authorization supports access to care; it does not guarantee treatment, insurance payment, or evacuation. I remain responsible for costs owed under applicable insurance and trip terms.

Participant Signature: _____ Date: _____

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Travel Risk Acknowledgment and Release

Applicant or participant name: _____

Sponsoring church legal name: _____

Trip briefing and itinerary: _____

Briefing on: _____ Opportunity for questions on: _____

Trip risks and Voluntary Participation

I understand that this trip may involve transportation accidents, unfamiliar lodging or sanitation, foodborne illness or infectious disease, physical exertion, injury during travel activities, theft, severe weather, war, and delays or disruption in travel beyond the control of Westminster Calvary. International travel may also involve unfamiliar laws, political or security hazards, language barriers, and limited medical care or evacuation. Serious injury, permanent disability, or death is possible. The church cannot guarantee my safety.

Trip-specific activities, physical demands, and additional risks explained by leadership:

_____

_____

I understand the itinerary and trip-specific risk information identified above; I've had an opportunity to ask questions and considered my ability and support needs. I voluntarily choose to participate and accept the risks described here, subject to the limits stated below. I will follow safety instructions and communicate concerns or changes in my health.

For international travel, I will confirm required travel documents, entry requirements, medication restrictions, and insurance arrangements with the coordinator before departure. Passport copies and travel details will be collected through the designated secure process, separately from the application.

Release of Liability

To the extent permitted by applicable law, I release the sponsoring church named above and its pastors, officers, employees, and volunteers from claims I may have for injury, death, or property loss arising from my participation in this identified trip, including claims caused by ordinary negligence. Ordinary negligence means a failure to use reasonable care. This release does not cover gross negligence, reckless or intentional misconduct, abuse, or any liability that applicable law does not permit to be waived. It does not prevent reporting misconduct or cooperating with authorities.

I understand that this provision gives up certain legal rights, including the right to bring some claims for ordinary negligence. I have read this page and sign voluntarily. This release applies only to the identified trip and is not a release on behalf of a minor.

Adult participant signature: _____ Date: _____

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Photo and Video Permission

Choose one. Declining does not affect eligibility. This choice concerns the church's use of my image; it does not authorize images of ministry recipients or override host safety restrictions.

☐ I permit the church to use photos or videos of me from this trip in ministry reports, church publications, and church websites or social media.

☐ I do not give permission. Please advise the team photographer of my choice.

Participant initials: _____ Date: _____