

JOSHUA EXPEDITIONS

IGNITING HEARTS TO CHANGE THE WORLD



APPLICATION & RELEASE FORM

WASHINGTON DC PREVIEW WEEKEND

This form must be completed neatly in INK, signed, and returned to the address indicated at the bottom of this form. **All fields are required!**

IMPORTANT – Please give us your full, legal name as it shows on your driver's license, government or school issued ID. We must have your full, legal name to purchase your airline ticket.

Traveler Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____ E-mail Address _____

Age _____ Circle: Male Female Faculty Spouse Faculty Chaperone

Sponsoring School/Church/Group _____ Group Leader _____

Expedition Information

Destination Washington DC Dates of Travel July 17-19, 2008

Health Information

Medication taken (if any) _____ Known health problems _____

Emergency Contact Person _____ Emergency Number (_____) _____

Release Information

Joshua Expeditions, its employees, affiliates, participant schools, officers or directors cannot be responsible for any injury, loss, damage, accident, delay, or expense resulting from any event beyond its control including but not limited to acts of God, war, terrorism, strikes, violence, sickness, government restrictions and regulations, or any problems caused by the airlines, bus companies, trains, ships, hotels, and any other companies or individuals providing services to our groups.

____ (Please Initial) I give Joshua Expeditions and its representatives permission to use photographs, videos, and any other physical likeness of myself in their publications and organizational materials.

I HAVE CAREFULLY READ THE FOREGOING RELEASE, WAIVER, AND INDEMNITY AGREEMENT, KNOW THE CONTENTS THEREOF, AND I SIGN THIS DOCUMENT OF MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

Adult Traveler Date