



## Application for The Khirbet el-Maqatir Excavation

Full name as it appears on your passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of issue \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_ Permanent Address:

Street City State Zip  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Martial status \_\_\_\_\_

### MEDICAL INFORMATION

(Note: We recommend CDC's website, [www.cdc.gov/travel](http://www.cdc.gov/travel), for the latest travel-related health advice)

List any current medical problems and list all medications you need to take during the trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Insurance Information:

I am covered by medical insurance during the trip (May 19 through June 1, 2013), provided by:

\_\_\_\_\_ Policy number: \_\_\_\_\_

and I have verified that coverage is valid abroad. The emergency phone/fax number(s) are:

\_\_\_\_\_  
(obtain phone/fax numbers that can be dialed from abroad. Do not use toll free "800" numbers)

### Person to be notified in case of emergency:

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

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

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Primary Physician Name \_\_\_\_\_

Emergency Phone For Primary Physician \_\_\_\_\_

### Liability Release

Please read and sign, in the presence of two witnesses, the attached Liability Release Form

Return completed forms to:

**Associates For Biblical Research, P.O. Box 144, Akron, PA 17501**

# RELEASE OF LIABILITY AND ASSIGNMENT OF PUBLICATION RIGHTS

**FOR AND IN CONSIDERATION** of being permitted by ASSOCIATES FOR BIBLICAL RESEARCH (“ABR”) to participate in the Khirbet el-Maqatir Excavation (“the expedition”), the undersigned Participant, being of legal age, does hereby agree to the following terms and conditions:

1. Participant understands that ABR is not providing any medical services or insurance for the expedition and that Participant will be solely responsible for the expense of any medical treatment incurred due to injury or illness.
2. Participant understands the expedition may be cancelled due to political or other factors beyond the control of ABR and that ABR may be unable to refund any or all of Participant’s money paid in advance to participate in the expedition.
3. Participant affirms that his/her participation in the expedition has the approval of any spouse, children, parents and/or guardian and that they agree to be bound by the terms and conditions of this Release and Assignment.
4. Participant recognizes that the expedition will travel in the Middle East, which is an area of high risk and politically unstable conditions, and that there are inherent risks to life and property by Participant’s participation in this expedition. ***Participant, on behalf of himself/herself and his/her heirs, assigns, agents, representatives, successors, executors and administrators releases discharges and holds harmless ABR, its Director, Staff Members, Board of Directors, Agents and Assigns along with any affiliate or Supporting Groups or Institutions and their Agents or Assigns involved in the expedition, from any claims, complaints, causes of actions, grievances, liabilities, obligations, promises, damages and liability for injury or death incurred during the expedition and Participant solely and personally assumes all risks for participating in the expedition.***
5. Participant hereby expressly grants and assigns to ABR, its employees, representatives agents and assigns:
  - a) The right to photograph Participant through still camera, motion picture, video or digital film media, and to use such photographs, pictures, video or digital images or other reproduction of Participant’s physical likeness, for and in connection with the publication, exhibition and exploitation of any such photographic images by ABR.
  - b) The right to reproduce and use in any manner whatsoever any recording made of Participant’s voice, instruments or other sound effects produced by Participant.
6. The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at [www.HisPeace.org](http://www.HisPeace.org)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. ***The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.***

\_\_\_\_\_  
Initials

\_\_\_\_\_  
P/G  
Initials

Participant has read this Release and Assignment of Publication Rights, understands its terms and agrees to be bound thereby.

**DATED** this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Signed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Spouse/Guardian (if applicable)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name of Spouse/Guardian