

Friends of JNF Canada

MISSION WAIVER FORM



Mission Name: **Israel off the Beaten Path**

Mission Dates: **October 12-19, 2026**

1. I/we understand that I/we am responsible to take out a full comprehensive insurance package.

- | | |
|---|-----------------------------------|
| ☐ Trip Cancellation | ☐ Accident |
| ☐ Emergency Hospital/Medical | ☐ Baggage |

2. I/we, the undersigned will not hold the Travel Agent, Tour Operator, Friends of JNF Canada responsible for any expenses incurred as a result of:

- ☐ a) My/our decision not to purchase travel insurance.
- ☐ b) Any additional single supplement costs if my travelling companion is unable to travel and I still choose to travel.
- ☐ c) The amount of sums insured or principal sums of insurance I/we have selected.

3. I confirm that:

- ☐ I am in good health and capable of walking long distances.

4. Friends of JNF Canada, the Travel Agent and/or Tour Operator, its affiliates and related persons act only as ticketing agents for hotels, bus companies and those providing accommodations, transportation, meals, tours, sightseeing or other pertinent services and shall, in no way, be liable for, damage, loss, accident, death, delay or other irregularity to any person or property.

5. Friends of JNF Canada, the Travel Agent and/or Tour Operator does not assume responsibility for failure of the passenger to obtain the necessary documentation to travel; failure of the passenger to arrive at the airport on time on the day of departure or missed connection; the need for the Travel Operator to change itineraries or substitute hotels, accommodations or services provided that every effort is made to supply the most comparable services and accommodations available.

☐ I/We have the authority to sign on behalf of: _____

Date of Travel: _____

Client's Name: _____

Client's Signature: _____

Date of Signature: _____

On behalf of Friends of JNF Canada:

Signature: _____ Date: _____