

CROSS ISRAEL HIKE

ONEFAMILY FUND ARAVA VALLEY EXPERIENCE OCT. 14 TO 18, 2018

2018 REGISTRATION FORM

\$2595 USD PER PERSON (SPECIAL COUPLES RATE OF \$4850 USD)

Name of Registrant: _____
Last Name First Name

Home Address: _____

City Province Postal Code Country

Daytime Telephone: _____ Evening Telephone: _____

Cell: _____ Email: _____

I give permission for my contact information to be circulated to other hikers: (please circle)
YES NO

PAYMENT METHOD (please circle one) (non-refundable):

VISA MASTERCARD AMEX CHEQUE (made payable to OneFamily Fund Canada)

____ Please charge my credit card for the deposit of \$500 CDN / USD (circle one) to hold my spot!

____ Please charge my credit card the remaining balance of the hike registration fee on the following date:
_____.

____ Please charge my credit card for the full amount of \$2595 USD.

Optional:

____ Please charge my credit card the Single Occupancy Supplemental Fee of \$395 USD

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature: _____ Date: _____

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2018 EVENT WAIVER

In signing this Waiver and Release, I understand the intent thereof, and I hereby agree to release from responsibility and waive all claims against the OneFamily Fund Organization, the organizers of the OneFamily Fund Cross Israel Hike, corporate sponsors, cooperating organizations and any other parties connected with this event in any way, or person, singly or collectively, for any blame or liability, demand, injury, harm, loss of property, or damage I might sustain as a result of participation in the OneFamily Fund Cross Israel Hike and activities associated therewith. I fully accept and assume all risks and all responsibility for losses, costs and damages I incur as a result of my participation in this event. I certify that I have read this waiver, fully understood that I have given up substantial rights by signing this waiver and have signed this waiver freely of my own will and accord. I confirm that the information provided to be correct.

I agree that I will adhere to the rules and regulations set forth by OneFamily Fund for the OneFamily Fund Cross Israel Hike. I give full permission for the use of my name and photograph in connection with this event.

I acknowledge that my participation in the OneFamily Fund Cross Israel Hike is premised on the condition that I accept the commitment of raising the required \$2,500 for OneFamily Fund. I agree that it is my responsibility to secure those funds by December 31, 2018 by fundraising, or, if there is a shortfall, by personally making up the amount of that shortfall.

Signature of Registrant

Date