



HEALTH STATEMENTS AND PHOTO RELEASE

Station: PRAISE (KWPZ Radio)

Trip Name: Reflections of Italy Tour

Station Contact: Heidi Moore, hmoore@crista.net, (206) 289-7921

Name of Traveler: (please print) _____

Traveler Experience:

CRISTA Media is thrilled to bring together its listeners to embark upon a group travel experience. It would like to take an extra step to inform the group members of travel expectations so that we can foster a positive experience for those traveling.

By embarking on this trip with PRAISE, all travelers represent that:

- They are independently able to meet the activity level guidelines listed here for this trip or are traveling with a companion who will assist them
 - Activity Level for this Tour: LEVEL 3: You're an on-the-go traveler. You don't want to miss a thing, so walking and standing for longer periods of time (1-2 hours) isn't a big deal. You can navigate hills and uneven ground, climb into various modes of transportation (tuk-tuk, cable car, zodiac, etc.) and you could possibly anticipate changes in elevation. You can expect some longer days balanced with free time to recharge or set out on your own adventure.
- They are able to travel independently and do not need assistance with basic travel functions or following directions, etc., or are traveling with a companion who will assist them
- They understand that if it becomes apparent that they are unable to engage in this trip in an independent manner and require substantial assistance, they may be asked to leave the group and agree that they will be individually responsible for the cost of traveling home (potentially covered by travel insurance if purchased)

If travelers do not agree to the foregoing, they are asked to consider alternate arrangements prior to the start of the trip.



Traveler Photo Release: *(optional)*

We love taking photos of our travelers! If you are willing to have your photograph taken with permission and used by our station and its affiliates, please read, review, and sign the following:

I hereby authorize, grant, and license CRISTA Ministries permission, in the furtherance of the organization and any of its activities and for other uses by CRISTA Ministries in the advertising, marketing and/or promotion of CRISTA Ministries and any of its activities or services, and with or without identification of me by name: (1) to create, produce, record, edit copy, distribute, display, modify, perform, photograph, take digital images of, videotape or interview me and to create derivative works therefrom, and to generally use and exploit my name, identity, voice, signature, likeness, image and biographical materials (collectively, "My Publicity Rights"); (2) to use, publish, republish or exhibit statements from me or referring to me; and/or (3) to use, publish, republish or exhibit materials containing content based on My Publicity Rights in photograph(s), digital image(s) and/or video(s). I understand these materials may be used alone or combined with other audio or visual works and materials, including narration, music, photography, as CRISTA Ministries deems appropriate. CRISTA Ministries will own all these materials and related rights, including the copyright, in these materials and, to this end, I hereby transfer all copyrights I may have in these materials (if any) to CRISTA Ministries. This authorization, grant and license apply, in perpetuity, to all of CRISTA Ministries' publications and any and all other media, whether now known or later devised.

I hereby release and discharge CRISTA Ministries and its employees, successors, assigns, agents, and representatives from any and all claims and demands arising out of or in connection with CRISTA Ministries' exercise of the above rights and permissions regarding CRISTA Ministries' use of My Publicity Rights or statements, including without limitation any and all claims for libel or invasion of privacy. By signing below, I acknowledge that I will receive no compensation now or in the future for CRISTA Ministries' use of My Publicity Rights or statements as described above. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me, my heirs, legal representatives and assigns. I represent and warrant that I am 18 years of age or older, and, if not, my parent or guardian has signed on my behalf, below.

I have carefully read the foregoing, and agree to all the terms and conditions herein.

Traveler's Signature (on behalf of marital community)

Date

If agreeing on behalf of Minors, please list Minor children names and DOB:

Name

DOB

