



**NICAEA SUMMIT - RESCUED LAMPSTAND TOUR**  
**MAY 22 – JUNE 5, 2025 | \$500 DEPOSIT DUE WITH APPLICATION**



**YOUR LEGAL NAME AS IT APPEARS ON YOUR PASSPORT**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Passport Number \_\_\_\_\_

**HEALTH INFORMATION**

1. What type of health are you in?  Excellent  Good  Fair  Poor

Explain: \_\_\_\_\_

2. Is there any history of emotional, mental or physical handicaps, serious allergies or limitations?  Yes  No

If "Yes" explain: \_\_\_\_\_

3. Is there a history of physical handicaps or limitations that would need special consideration?

Yes  No If "Yes" explain: \_\_\_\_\_

**MISCELLANEOUS**

Does your health care provider cover overseas accident and sickness coverage?  Yes  No

If not, accident and health care coverage is available. Are you interested?  Yes  No

**IN CASE OF ACCIDENT CONTACT**

Name	Phone	Name	Phone

**PASTORAL OR MINISTRY LEADER REFERENCE**

Name	Church or Ministry	Phone

I, \_\_\_\_\_, declare the above information is true and my signature confirms I have read all the recommended "Nicaea Summit Travel Guidelines & Conditions Form" and agree to all of the "Trip Conditions & ITINERARY".

**SAVE TO DESKTOP & EMAIL PDF APPLICATION AS ATTACHMENT TO: [INFO@GETREALLIVING.COM](mailto:INFO@GETREALLIVING.COM)**

**\$500 DEPOSIT VIA CREDIT CARD: [HTTPS://GETREALLIVING.COM/GIVE/](https://getrealliving.com/give/)**

**SEND APPLICATION AND \$500 DEPOSIT BY REGULAR MAIL TO:**

Real Living Ministries, 843 Woodfield Ct, Boardman OH 44512

# Nicaea Summit - Rescued Lampstand Tour Release Form - Assumption of Risk

I, \_\_\_\_\_ and \_\_\_\_\_ ( Name(s)  
represented and agree that:

1. I am aware of the hazards and risk to my person and property associated with this trip, such hazards and risk including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept traveling with the group from Real Life Ministries, Lamplighter Ministries, Philadelphia Tabernacle of David Ministries, Zion Gate Ministries, with full awareness of the potential risk that comes with traveling to Israel and subject to the insurance coverage that I have and obtain for international travel. Therefore, I voluntarily assume all risk of death, injury, illness, and damage to myself or any other member of my family associated with such risk, and any damage to my personal property.

2. I attest and certify that I have no medical conditions that would prevent me from the travel itinerary as presented on the Israel Journey Brochure.

3. Subject to insurance coverage, I waive and release any and all claims for damages which I or my family, heirs or successors, may have against Zion Gate Ministries, Lamplighters er Ministries, Prepare The Way Ministries, Philadelphia Tabernacle of David Ministries, Gateway HOPE Center, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of this tour.

4. In event that I have minor children who will be accompany me, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said tour, from those causes described above.

5. I understand and accept the following policy of ransom payments:

The ministries stated above will not pay ransom nor yield to the demands of anyone who takes one of our members or staff hostage. The ministries involved pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur.

6. I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon my enforceable against me in accordance with its terms.

7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.

## SIGNATURES:

---

<b>Legible Signature</b>	<b>Address</b>	<b>Phone #</b>
--------------------------	----------------	----------------

---

<b>Legible Signature of Spouse</b> (if he/she will be accompanying you)	<b>Address</b>	<b>Phone #</b>
-------------------------------------------------------------------------	----------------	----------------

**IMPORTANT: Please have a witness observe you signing this form, and sign below.**

---

<b>Witness Signature</b>	<b>Address</b>	<b>Phone #</b>
--------------------------	----------------	----------------