

Blossoming Rose/Biblical Tamar Park Volunteer Agreement

Name: _____ **Date:** _____

General Liability Release

I understand that Blossoming Rose, Blossoming Rose Israel, the Israel Antiquities Authority, and/or any Israeli government entity, assumes no responsibility for injuries, which I or my spouse, or my child may sustain as a result of my family's or my participation in any activities, programs, exercises, or the use of any facility, equipment, or other activities organized or sponsored at Biblical Tamar Park. I expressly acknowledge that I assume risk of any and all injuries and illnesses that may result. I hereby voluntarily release and discharge Blossoming Rose, Blossoming Rose Israel, the Israel Antiquities Authority, and/or any Israeli government entity, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my family may suffer. I understand Blossoming Rose and/or Blossoming Rose Israel is NOT responsible for personal property lost or stolen while members and/or program participants are on a Blossoming Rose and/or Blossoming Rose Israel tour or a sponsored event or serving as a volunteer, staying as a guest.

Emergency Authorization

I hereby give permission to the medical personnel selected by Blossoming Rose and/or Blossoming Rose Israel to provide routine health care; to administer medications; to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my family. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Blossoming Rose and/or Blossoming Rose Israel to secure and administer treatment, including hospitalization.

Health Insurance Recommended

I understand that I am responsible for all hospital/health related costs that I incur while in Israel. The hospital/clinic will not allow you to leave until you have paid in full by cash or credit card. Please note that Medicare and many private insurance companies do not provide coverage outside of the USA. We would strongly recommend purchasing a short-term health insurance policy from your travel agent, or online, if you do not have international insurance.

Inclusions and Conditions

I understand that the volunteer fee includes three meals per day and double occupancy housing at Biblical Tamar Park. All other expenses and arrangements are at the volunteer's expense. Cancellations must be made in writing by email or letter. Blossoming Rose is not responsible for airline schedule changes or financial liabilities due to strikes, acts of God, or other events that Blossoming Rose can't control. Either party, (the volunteer or Blossoming Rose) can terminate this agreement at any time. The volunteer does not have to give any notice. Blossoming Rose will give a seven-day notice unless there is an egregious offense such as using drugs, drunkenness, violence, or other excessively inappropriate behaviors. All volunteers will work either three (3) or six (6) hours per day Sunday thru Thursday. Volunteers may be reassigned with short term tasks as needed to prepare for groups or emergencies. No refunds will be given for nights not spent at the park.

Photo/Talent Release:

I give permission to Blossoming Rose and/or Blossoming Rose Israel to use, without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting Blossoming Rose and/or Blossoming Rose Israel programs.

Cancellation Fees

I understand the cancellation fees are: 45 days or more – 10%; 44-14 days – 25%; 13 days or less – 50%, no refunds after arrival.

Signed: _____ Date: _____

Name as it appears on your passport _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address _____ Birthdate _____

Passport number _____ Expiration date _____

Arrival Date at the Park: _____ Departure date from the Park: _____

*Mail: Blossoming Rose
P.O. Box X
Cedar Springs, MI 49319

Email: jcoxon@blossomingrose.org*

Revised: October 22, 2023