

# HIS HEART TOUR TO ISRAEL

Hosted by



## APPLICATION SECTION

1. NB: PLEASE ADD A COPY OF YOUR PASSPORT TO THIS APPLICATION

2. **Submit the completed and signed form to:**

- Sakkie Olivier ([sakjr@telkomsa.net](mailto:sakjr@telkomsa.net))

Name & Surname (Same as passport)

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ID Nr :

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Address :

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Postal Code :

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Cell Number :

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“Next of Kin” Name & contact number:

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Email address :

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Passport Number :

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Expiry Date:

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Date of Birth:

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Congregation where you worship:

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How would you describe your health and fitness?

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## **INDEMNITY FORM**

I hereby accept that the organizers of the tour called **HIS tours & ministries** as well as their representatives do everything in their power to limit risks, but hereby confirm that I release the organizers from any claims in consequence of any injuries, allergies, deaths, damage to property, or loss of any kind arising from whatever cause it may be.

I hereby confirm that it was out of own choice to do this tour and accept that I remain fully responsible for my own safety as well as for the safety of my personal items and that I completely release the organizers from any claims in the event of any injuries, allergies, damage and property damaged.

I accept that I am moving across country borders and that I completely release the organizers from any claims from any matter that may arise in the course of customs and authorities. This includes, but is not limited to, loss of any kind, expenses of any kind, taxes of any kind, erroneous documentation of any kind and any matters arising from it.

I further declare that I have no criminal record, and accept full responsibility in any matter where any authority may refuse my access due to any criminal offense and / or incorrect documentation. I further accept that any expenses in a case of fines, deportation or legal procedure will be for my own account.

I further confirm that I have sufficient medical insurance and that under no circumstances will I claim any medical expenses from the organizers. I indemnify the organizers of any medical expenses and medicine expenses I may have during the tour.

Allergies (food/medication):

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Any medical conditions

(confidential): \_\_\_\_\_

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### **POPI ACT COMPLIANCE:**

- HTM undertakes to Process the Personal Information of the Applicant only in accordance with the conditions of lawful processing as set out in terms of POPIA and only to the extent that it is necessary to discharge its obligations and perform its functions for the purposes of processing this Application.
- The Applicant acknowledges that the collection and Processing of his/her Personal Information is necessary to enable HTM to process this Application.
- By signing this Agreement, the participant consent and agree that HTM can make all video and media footage, produced during the Pilgrimage, public on our social media platforms.
- HTM undertakes to under no circumstance share your personal information with any person or institution.

### **BEHAVIOR AND PERSONAL RESPONSIBILITY AGREEMENT**

1. I will avoid any quarrel and / or theological and / or political debates that lead to conflict in the group and accept the information and content of the tour as presented by the operators (HIS Tours & Ministries and representatives).
2. I accept that the tour is a Pro Israel tour and that the contents of the tour will be presented by a Pro Israel agenda.
3. I understand that any Christian, or other political clothing and symbolic jewellery (eg. crosses around the neck) can affect the security of the group and accept that I should wear neutral clothing and / or jewellery.
4. I understand that we are a diverse group with different expectations of the tour and undertake to treat the other tour members at all times with the necessary respect that I would like to receive.
5. I understand that participation in the activities of the tour is important and except for water activities and activities that cannot be done for medical reasons, I undertake to participate in all activities.
6. I understand that children under my guardianship remain my responsibility and that I accept responsibility to discipline them and also to ensure participation in all activities.
7. I further undertake to keep children under my guardianship close to me at all times, have them sit close to me on the bus, and to guide them during spiritual activities in liturgy and worship and Bible study.

8. I undertake not to use alcohol during the tour.
9. I take full responsibility for ensuring that birth certificates, passports and all necessary documentation for myself, as well as the children under my guardianship is correct. I understand that any complications and costs herewith will be my own responsibility.
10. I understand that I am responsible for my own transportation to and from OR Tambo Airport and that I am responsible for my personal expenses and selection items / activities on the tour.
11. I undertake to obey and follow the tour leaders, especially regarding any security decisions taken to protect the entire group. This may include cancellation of certain activities, remaining in security centres / bunkers where necessary, delays at airports and any other decisions taken regarding group security.
12. I understand that if I cancel after payment of the deposit, I will be liable for all expenses and deposits already paid on my behalf and / or fees which are not recoverable from airlines and accommodation contractors. I further understand that besides the above costs I will also be responsible for the payment of R1000-00 for general administration costs.
13. I hereby release the organizers of any costs that cannot be recovered in case of cancellation of the tour due to war, security risks, weather conditions or whatever reason may be beyond the control of the organizers.
14. I understand that this is a spiritual pilgrimage tour and that the organisers do their best to make it as affordable as possible, and will therefore have the correct expectations accordingly.
15. POPIA CLAUSE: I/we hereby give HIS Tours & Ministries consent to process my/our personal information, in accordance with the provisions of the Protection of Personal Information Act, for all purposes related to the carrying out of this tour. Such consent shall extend to the sharing of my/our personal information with your trusted agents and contractors who you may approach for assistance during the provision of your services to me/us.

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**Signature**

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**Date**