The Master's College
Turkey & Greece Study Tour

May 20 – June 9, 2011
Enrollment Application

Please type or print neatly. Please submit with a $300 deposit.

GENERAL INFORMATION:
Please note: Name must be exactly as it appears on your passport. Please check spelling.

Name: _____ _____ _____ _____
Last First Middle Sex

Mailing Address: _____ _____ _____ _____
Street City State Zip

Permanent Address: _____ _____ _____ _____
Street City State Zip

Telephone: _____ Date of Birth: _____ Marital Status: _____

E-Mail: _____

Country of Citizenship: _____ Passport #: _____

Preferred Roommate: _____ Passport Expiration Date: _____

In Case of Emergency notify:

_____ _____ _____
Name Address Telephone

MEDICAL HISTORY AND INFORMATION:

Please identify the existence of any of the following medical conditions, approximate date of diagnosis, and treatment. (Use a separate sheet of paper if necessary.)

Allergy	_____	Asthma	_____
Amoebic Dysentery	_____	Cancer	_____
*Diabetes	_____	*Paralysis	_____
*Epilepsy	_____	*Foot or Leg Conditions	_____
*Gastro-Intestinal	_____	*Heart Condition	_____
*High Blood Pressure	_____	*Hypertension	_____
Hepatitis	_____	Hypoglycemia	_____
*Kidney Condition	_____	Mononucleosis	_____
Malaria	_____	Migraine Headache	_____
*Mental Disorder	_____	Rheumatic Fever	_____
*Mental Health Condition	_____	Pneumonia	_____
*Nervous Disorder	_____	Tuberculosis	_____
HIV/AIDS	_____	Other	_____

PLEASE NOTE: Applicants with a condition by an asterisk (*) are **required** to consult with their physician as to the feasibility of participation. Those applicants who identify such conditions are required to provide a medical clearance as a prerequisite to participation in the program. The program is physically demanding and may exacerbate existing medical conditions.

For any of the following questions, if the answer is YES, please provide an explanation on the reverse of this page.

Do you have any apprehension regarding your health and program participation? ○YES ○NO

Have you ever been under the care of any mental health professional? ○YES ○NO

Are you receiving medication or under a physician's care for any medical condition? ○YES ○NO

Are you allergic to any medications or foods? ○YES ○NO

Do you have any dietary restrictions? ○YES ○NO

Do you have any previous history of substance abuse? ○YES ○NO

Are there any other medical conditions or information that we should know about you?

_____

_____

INSURANCE INFORMATION:

Company: _____

Policy Number: _____ Phone Number: _____

Address:

Number and Street: _____

City or Town: _____ State: _____ Zip Code:_____

Have you verified that your health insurance policy will cover you while abroad? ○YES ○NO

It is important that the participant recognize that medical and hospital bills will probably have to be paid in full before a patient will be discharged. The Master's College is not responsible for covering medical expenses while abroad. Participants should have a credit card or contingency funds to cover unexpected medical treatment.

INFORMED CONSENT, ACKNOWLEDGEMENT OR RISK AND ASSUMPTION OF LIABILITY

PLEASE READ CAREFULLY

In order to participate in the TMC Program, the undersigned agrees and acknowledges the following:

1. International travel invariably has its hazards and risks, particularly in countries where standards of health, sanitation, public safety, etc. are different than the United States. The undersigned recognizes that The Master's College (TMC) has made efforts to ensure participant safety, but that certain factors are beyond the control of TMC, including, but not limited to, travel and land operations.

   I am aware that the activity I am participating in, under the arrangements made by The Master's College, has inherent risks and dangers that exist and may occur. These include, but are not limited to, the hazards associated with digging, hiking, climbing, camping, exploring caves, accidents, illness, the forces of nature, terrorism, civil disobedience, Acts of God, acts of war, travel by air, bus, automobile, train, boat, other conveyances, as well as any other unknown hazards.

   In consideration of, and as part payment for the right to participate in such activity or the services arranged for me by TMC or agents, I hereby assume all of the above risks and voluntarily release The Master's College, its agents and assigns, and do hereby discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to myself arising as a result of participating in such activity or activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue, and I do for myself, my heirs, executors and administrators, and assigns hereby release, waive, discharge, and relinquish any action or cases of action, aforesaid, which may arise for myself and for my estate, and agree that under no circumstances will I, or my heirs, executors, administrators, and assigns, prosecute, present any claim for personal injury, property damage, or wrongful death against The Master's College, its employees and agents for any of said causes of actions, whether the same shall arise by the negligence of any of said persons or otherwise. IT IS MY INTENTION BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE MASTER'S COLLEGE, ITS EMPLOYEES, AND AGENTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

2. The undersigned agrees to indemnify and hold harmless The Master's College its agents, employees, and all other persons acting in its behalf, from any loss or claim of any kind arising out of, relating to, or in connection with the undersigned's participation in the TMC program.

3. The undersigned understands that The Master's College has the authority to establish rules necessary for the operation of the program, and that should The Master's College decide that an individual must be separated from the program because of violation of such rules, for disruptive behavior, or for conduct which could bring the program and/or college into disrepute or danger, that decision will be final and without appeal. All loss and expense incurred in the event of the termination of the undersigned's participation in the program including the cost of travel and loss of academic work, must be borne by the undersigned. Furthermore, TMC will not provide remedy for loss of academic program in the event of repatriation. The undersigned will bear full responsibility and academic consequence for the program termination.

4. The undersigned understands and agrees that The Master's College is not responsible for cancellation or changes in travel and program schedules or adjustments in announced fees for the program caused by changes in air tariffs, lodging rates, or fares charged by those engaged for such services. The undersigned further agrees that in the event of an act of war, terrorism, Act of God, natural disaster, or other emergency, which causes this program to be cancelled in whole or in part, any refund due the undersigned will be determined by The Master's College at its discretion.

5. The undersigned understands and agrees that The Master's College is not responsible for medical expenses if the undersigned requires medical treatment during participation in the program. If the undersigned is physically incapacitated for medical reasons, the undersigned agrees that The Master's College, or it representatives, may make arrangements for the medical care of the undersigned in emergency circumstances and any such medical expenses are the responsibility of the undersigned. Furthermore, the undersigned agrees that he/she has in effect a policy or policies of medical and hospitalization insurance providing medical and hospital expense benefits internationally, and that the policies are in full force during the time period in which the undersigned is a participant in the program.

6. The undersigned recognizes that the program may be physically rigorous. The Master's College reserves the right to limit, or restrict, participation in the program or certain course activities of individuals who, in the estimation of The Master's College, may endanger themselves, or hinder the program. The undersigned agrees to comply with all directives given by The Master's College. Participants may be required to walk/hike for long hours on consecutive

days, up hill, down hill, on uneven steps and sometimes over rocks. Depending on the time of year of the program weather conditions can be very hot and dry. These physical difficulties are further complicated by the fact that North Americans arriving to Turkey and Greece experience a change in time zones (lack of sleep, jet lag) and dietary conditions. There for, this program is not appropriate for persons who have any apprehension whatsoever regarding strenuous physical exertion. Certain applicants maybe required to provide a physical examination form signed by a physician before acceptance into the program.

7. The undersigned recognizes that the application fee is non-refundable nor transferable. Further, the undersigned agrees to provide all payments connected with the program on the assigned due dates and may be held liable for expenses incurred due to delays in payment or separation.

8. The undersigned recognizes that The Master's College does not discriminate on the basis of gender, race, color, or ethnic origin. However, course work may not be feasible for those with certain physical imitations. The Master's College reserves the right to limit or exclude program participation in this event.

9. The undersigned recognizes that standards of dress and conduct vary within the communities encountered while abroad. The undersigned agrees to abide by dress and conduct standards set by The Master's College in the interest of bearing proper Christian testimony before these communities. The undersigned agrees to abide by cultural directives provided by TMC.

I acknowledge that I have read the foregoing paragraphs, have been fully and completely advised of the potential dangers incidental to engaging in the activities and am fully aware of the legal consequences of signing the within instrument.

PARTICIPANT SIGNATURE: _____

NAME (please print): _____

DATE: _____

Please submit application to:

The Master's College
Turkey Greece Study Tour 2011 ~TMC #16
21726 Placerita Canyon Road
Santa Clarita, CA 91321