



Mission Trip Application

Name of Trip _____
Date of Trip _____

Name _____ Date _____

Address _____

Phone (home) _____ (cell) _____ (work) _____

Email _____

Parents email (needed if applicant is under 19) _____

Emergency contact info:

Name _____ Phone _____

All Applicants must read and sign below

By submitting this application to be a part of this mission trip, I understand that I am personally responsible to pay for or arrange funding for my portion of the team/trip costs, including any airline ticket or other transportation costs in the event that I cancel. I understand there will be special training meetings and fundraisers before the actual mission trip takes place and will take part and participate in all of these.

Signature of Applicant: _____ Date _____

If applicant is under the age of 19 a parent must fill out this portion of the application

I hereby consent to allow my child _____ to fully participate in the above mission trip.

Parent or legal guardian signature _____ Date _____

*For all questions, please contact our Missions Minister, Sue Ann McCoy at sueann@thebrookchurch.com.



General Release and Hold Harmless Agreement

(TO BE COMPLETED IN INK BY PARTICIPANT OR BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS A MINOR.)

Name of Participant _____

Trip destination _____ Dates of Trip (including travel) _____

I desire to participate as a volunteer participant (hereinafter referred to as the Participant) in the various programs, events or activities, and travel of this mission trip located in and outside the United States (hereinafter collectively referred to as the "Activities") operated or sponsored by The Brook (hereinafter referred to as the "Church"). I recognize that participation on a trip of this nature may be hazardous or dangerous.

As a Participant, I understand and acknowledge that the Church will not allow me to participate in the Activities without signing this Agreement and the "Medical Authorization and Health History Form." The Church will not consider persons that do NOT sign the aforementioned documents as part of the church sponsored trip even though they may choose to accompany this mission trip. Persons who choose to go on a trip to the same location, at the same time as this sponsored event, will do so entirely on their own cognizance and in **no way** will be considered as participants of the church sponsored mission trip. I acknowledge that participation in foreign or domestic mission activities is inherently dangerous, and my participation may involve risk whereupon I may suffer or experience various types of injury including, but not limited to the following: sickness, personal bodily injury, emotional injury, monetary loss, property loss or damage to personal belongings, abduction, imprisonment, and even death. I fully understand and acknowledge these facts and voluntarily assume and accept such dangers and risks.

IN CONSIDERATION FOR THE OPPORTUNITY TO PARTICIPATE IN THESE MISSION TRIP ACTIVITIES OF WHICH THE PARTICIPANT HAS ACCEPTED THE ASSOCIATED DANGERS AND RISKS, I FURTHER AGREE TO ACCEPT PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY SUSTAINED DURING THE ACTIVITIES. FURTHER, THE PARTICIPANT PROMISES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, THE CHURCH, ITS OFFICERS, AGENTS, EMPLOYEES, OR ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND, DIRECTLY OR INDIRECTLY, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. FURTHER, THE PARTICIPANT WILL NOT HOLD THE CHURCH, ITS OFFICERS, AGENTS, EMPLOYEES, OR ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, CIVILLY LIABLE FOR ANY NEGLIGENT ACTS OR ANY WANTON, INTENTIONAL, OR CRIMINAL ACTS OF ITS INDIVIDUAL OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, OR ANY THIRD PARTIES OR THE PARTICIPANT. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

This Release and Agreement is binding on my heirs, successors, and personal representatives. By signing below I am acknowledging that I fully understand all information contained within this form and assume all risks and consequences associated with signing such agreement.

General Release and Hold Harmless Agreement continued

(TO BE COMPLETED IN FRONT OF NOTARY) BY PARTICIPANT OR BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS A MINOR.)

I further acknowledge my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Agreement is held invalid, I agreed that the remaining parts shall, notwithstanding, continue in full legal force and effect.

Participant Signature _____ Date _____

If Participant is a Minor, Parent/Guardian Signature is required:

Disciplinary/Search Release:

By signing below, I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary. I further understand that in the interests of providing necessary accountability to my child, the attending Senior Leader may search my child's belongings if there is reasonable suspicion that any prohibited items have been brought by my child. I also understand that the Senior Leader will always act in the best interest of any student by handling any search quietly and discretely with at least one other adult Church Leader present. In the event any of the prohibited items are found, the Senior Leader will, after conferring with the Church's Senior Pastor, make a decision regarding the best course of action for the emotional and spiritual growth of my child and the other students present.

The undersigned parent or guardian certifies that he/she is the parent or guardian with legal authority to sign for said minor Participant, has read this Release and Agreement, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the Activities, assumes all risks associated with such dangers, and is fully aware of and understands the terms and the legal consequences of the signing of this Agreement. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.



Parent/Guardian Signature _____ Date _____
Required if Participant is a Minor

Minor Participant Signature _____ Date _____

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____,

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. (NOTARY SEAL)

NOTARY SIGNATURE

Exp. Date



Medical Authorization and Health History Form

Please tell us about your health, including any conditions that could limit normal activities under day after day, stressful situations.

You may be serving in an environment that has limited health care resources. In order to assist in providing for your health care needs and your medical safety, your Team Leader will bring your completed health form on the trip should you require medical attention. Thus, we need your honest answers in the following questions. The information you provide will be kept confidential. Please use the back of the form to expand on any of your answers if needed.

Trip Destination _____ **Dates of trip (including travel)** _____

Today's Date _____

Participant's Name _____ Date of Birth _____

Address _____
Street City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____

Lifestyle

Please list any dietary restrictions: _____

Immunizations (for informational purposes only)

Tetanus [please circle one] NO YES _____ YEAR

Hepatitis A [please circle one] NO YES _____ YEAR

Health History

Blood Type: _____

Do you have, or have you ever had, any of the following. Please comment if YES. [please circle one]

Allergies to food, medicine or other substances NO YES _____

Do you have any restrictions due to physical or health problems? NO YES _____

Do you have any medical problems that a doctor should be aware of should you need medical attention while out of the country? If yes, please explain.

Please list any medications you are currently taking and the condition for which you are taking each medication: _____



Mission Experience Medical Authorization and Health History Form (con't).

Medical Insurance and Expenses

I understand that The Brook does not carry accident or medical insurance on participating volunteers. I agree that my insurance provider will be used for the sole insurance coverage for my child's incurred medical care expenses. I am aware that if my child is uninsured, my insurance provider does not participate in the country in which the mission trip is being conducted, or my insurance provider otherwise refuses to pay for any or all medical expenses incurred for any of my medical needs, I am responsible for payment of non-covered expenses. Further, I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance coverage and that I am responsible for the payment of any medical bills.

Name of Primary Care Physician _____ Office Number (_____) _____

Primary Health Insurance Provider _____ Holder's Name _____

Policy Number _____ Group Number (if applicable) _____

*****MAKE A COPY OF YOUR HEALTH INSURANCE CARDS (FRONT AND BACK) AND STAPLE TO THIS SHEET.****

Medical Treatment Authorization (TO BE COMPLETED IN FRONT OF NOTARY)

By signing below, as the Parent or Legal Guardian, having legal custody of the above named Minor Participant, I give permission for a licensed doctor, physician, or emergency treatment center, selected by an adult Team Leader of The Brook, to administer the necessary attention and aid immediately to my child should he/she become injured or sick during his/her participation in said activity including, traveling to and from the activity, and to do so without having to wait until I have been contacted. I consent to x-rays, medical examination, medical and surgical diagnosis for treatment and surgery, anesthesia, and personal and hospital care.

By signing below, the Parent or Legal Guardian of the Minor Participant acknowledges and accepts the risks of physical injury associated with participation in the mission trip. The Minor Participant's Parent or Legal Guardian accepts personal financial responsibility for any bodily or personal injury sustained during and traveling to and from the mission trip and activities as well as all expenses for transportation in the event my child returns home before The Brook mission group. Further, the Parent or Legal Guardian of the Minor Participant promises to hold harmless The Brook and its officers, agents, employees, or any parties volunteering on behalf of the church for any injury related to the mission trip.

I hereby authorize the release of the information contained in this form to The Brook, its officers and agents working in conjunction with this short-term mission trip.

Parent/Guardian Signature

Required if Participant is a Minor _____ **Date** _____

Participant Signature _____ **Date** _____

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____)

On _____ before me, _____,
Date Notary Public's Name

personally appeared, _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorize capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal. (NOTARY SEAL)

NOTARY'S SIGNATURE

EXPIRATION DATE