Name:       Birthday: Click or tap to enter a date. Gender: Select One

Shirt Size: Select One

Address:       City:       State:    Zip Code:

Phone Number:       Email:

Emergency Contact Person:       Relationship:

Emergency Contact Phone Number:       Email:

Passport Name: (must match exactly):

Passport Number:       Passport Country:

Passport Issue Date: Click or tap to enter a date. Passport Expiration Date: Click or tap to enter a date.

Preferred Departure Airport:

Allergies:

Medications:

Health Concerns:

Dietary Concerns or Preference: (understand we may not be able to accommodate)

Are You a US Citizen? Choose an item.

Have you ever been arrested, charged, or convicted of a felony? Choose an item.

If Yes, please explain:

Have you ever had a drug or alcohol problem? Choose an item.

If Yes, please explain:

Why are you applying for this trip?

Tell us about your military experience:

Do you have a DD214? Choose an item. If Yes, what is your reentry code?

By typing my name below, I do here by affirm that the information added above is accurate and truthful.

Name:       Date: Click or tap to enter a date.

Please take a moment and carefully read and initial the following statements. By initialing, you are acknowledging you fully understand and will comply with the following:

1. I Understand that no travel, particularly international travel, is without risk. I have been informed of the risks that may result from participation in the activities, including but not limited to theft, acts of violence perpetrated upon me individually or in a group, terrorism, kidnapping, piracy, hijacking, other criminal acts, and/or the possibility of accident or disease that may result in my injury, illness, or death.
2. In consideration of being allowed to participate in these activities, I hereby accept all risk to my health, injury, or death that may result from such participation in the activities and I hereby voluntary release, forever discharge A Mission for Healing Foundation and any partnering organization, its respecting governing board of directors, officers, employees, volunteers, and representatives from any and all claims and causes of action, damages, for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the activities, whether caused by the intention or negligent acts or omissions of myself, A Mission for Healing Foundation, Partnering Organizations and its governing board, officers, employees, and representatives or otherwise. I further agree to indemnify and hold harmless A Mission for Healing Foundation and partnering organizations and it’s governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating on the activities.
3. I understand and acknowledge that it is my responsibility to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be required for my participation in the activities and international travel with A Mission for Healing and partnering organizations. I understand and acknowledge that is my obligation to inform A Mission for Healing and partnering organizations of any and all health considerations or medical conditions that would restrict my participation in the activities. I hereby expressly acknowledge that I am not aware of any condition or limitation that would prevent my participation in the activities. I agree that I will not participate in activities should I become aware of such conditions or limitations and will not participate in the activities should I have an illness or disease with I reasonably understand to be contagious to others or which would put others in jeopardy of contracting such illness or disease.
4. I understand and acknowledge that A Mission for Healing Foundation does not take responsibility for payment of my health-related liabilities. I am responsible for my own insurance coverage, including but not limited to health and travel insurance. I understand and acknowledge that travel insurance is required by A Mission for Healing Foundation and I may not participate in the activities without such insurance.
5. If I am injured and/or need medical attention while participating in the activities, I hereby give A Mission for Healing Foundation and it’s respective directors, officers, employees, or volunteers of A Mission for Healing Foundation, permission to seek medical diagnosis and treatment which in their best judgement they deem to be necessary or appropriate under the circumstances, including but not limited to x-ray examination, anesthetic, hospital care, and major surgery. I further give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to ne necessary. I agree to pay for any and all medical expenses incurred as a result of the use of the consent.
6. If I become incapacitated while participating in the activities, I hereby give A Mission for Healing Foundation, it’s governing board, officers, employees, or volunteers’ permission to do whatever is necessary in their best judgement to bring me home. I understand that I am responsible for all financial liabilities incurred on my behalf.
7. I understand and acknowledge that it is my responsibility to obtain the necessary documents for entry into a foreign country, including but not limited to visas and passports, and that I will be required to have a photo ID on my person at all times. I understand that I am responsible for maintaining my passport and required visas before and throughout the duration of the trip.
8. I understand and acknowledge that I am responsible for my personal possessions and property during the activities, including during travel and while in the destination location. I personally assume all risk in connection with said activities for any damages to or loss of my personal possessions or property as a result of my participation in the activities, whether foreseen or unforeseen, and I still wish to participate in the activities.
9. I agree to allow A Mission for Healing Foundation to take and use photos, videos, and narratives of me for use in various promotional items. In addition, any pictures I have taken and shared with A Mission for Healing Foundation may be used for their publications without notification. I understand that once my image appears on A Mission for Healing Foundation’s website, the image can be downloaded by any computer user. In consideration of my appearance and/or performance on A Mission for Healing Foundation’s website, film clips, advertisements or other official publication and all rights granted hereunder, I do not require or expect any monetary payment in exchange for the use of my image, appearance, and/or performance.
10. I understand and acknowledge that I am personally responsible for by behavior while participating in the activities. If my behavior becomes such that I am endangering myself or others, I may not be allowed to continue participating in the activities and may required to make arrangements to come home early. For my safety and well-being, I agree to abide by all rules and regulations established by A Mission for Healing Foundation, whose representatives are in a position of authority during the activities, including during travel and while in the destination location. I understand that if A Mission for Healing Foundation determines that I am no longer allowed to participate in the activities and my return home is necessary, I am responsible for all financial liabilities incurred to send me home.
11. I understand and acknowledge that A Mission for Healing Foundation reserves the right to cancel activities in the case of unforeseen circumstances, including but not limited to political unrest, terrorist attacks, or unforeseen dangers at the destination location, severe weather, or acts of force majeure. Such cancelations will solely be for the safety of myself and the other participants and is within the sound discretion of A Mission for Healing Foundation and its governing board, officers, employees, and volunteers.
12. I understand and acknowledge that the possession of narcotics during travel and while in the destination location is strictly prohibited. I understand that if A Mission for Healing Foundation determines that I am no longer allowed to participate in the activities and my return home is necessary, I am responsible for all financial liabilities incurred to send me home. The use of cigarettes is prohibited around kids and the building project, during home visits, community visits, and partner churches. The consumption of alcohol is also prohibited at any point during travel and at the destination location. Consult the team host on where the proper areas are for you to smoke.
13. I understand that all moneys paid to A Mission for Healing Foundation for this trip, to include the deposit, are non-refundable. If, for whatever reason, I am unable or unwilling to participate in the activities, in whole or in part, either before traveling with A Mission for Healing Foundation or after I have arrived at the destination location, no funds will be refunded to me by A Mission for Healing Foundation.
14. Guidelines for Interacting with Children

I understand that during all or some of this trip, I may have the opportunity to interact with children. I understand and acknowledge that I must adhere to the following rules when interacting with any child.

* 1. I will have the opportunity to sponsor a child through A Mission for Healing Foundation’s partner company, Children’s Cup. Children’s Cup will make reasonable efforts to organize a visit between myself and my sponsored child. I understand that if this visit required additional unplanned costs and logistical support that I am responsible for covering these associated costs.
  2. Never be alone with a child. I understand that I am not permitted to ever be alone with children.
  3. Acceptance of gifts and accommodations is prohibited. I understand that I am not permitted to accept any accommodations offered by host country nationals nor am I allowed to solicit and request accommodations from country nationals.
  4. Adhering to cultural norms. I understand the importance of understanding and observing local cultural norms and customs when interacting with a child and I agree to make all reasonable attempts to do so.
  5. Personal Information. I understand that I am not permitted to request personal contact information, nor am I permitted to share my personal with country nationals.

1. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This waiver of Liability and Assumption of Risk represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing. No oral representations, statements, or inducements apart from the foregoing written agreement have been made.
2. I agree to pay according to the payment plan laid out after this application is submitted. I will pay the entirety of the balance no later than 45 days from departure date. Failure to comply can result in my being removed from the trip roster.
3. I understand and acknowledge that if anyone is hurt or property is damaged during my participation in the activities, I may be found by a court of law to have waived my right to maintain a lawsuit against A Mission for Healing Foundation the partner organization on the basis of any claim from which I have released them herein. I have fully informed myself of the contents of this waiver of Liability and Assumption of Risk by reading it, before I signed it. I acknowledge that I have had the opportunity to consult with legal counsel with the respect to my rights and obligations under this Waiver of Liability and Assumption of Risk, and the legal affect thereof.
4. I understand that A Mission for Healing Foundation travels with partner organizations, and I may be required to fill out that organization’s Liability Waiver as well.

Is the participant 18 years of age or older? Choose an item.

Team Member/Participant E-Signature:       Date: Click or tap to enter a date.

Parent/Guardian E-signature: