



**NEW VISION**

MISSIONS

## **ADULT APPLICATION & RELEASE**

### **PERSONAL INFORMATION**

Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

T-shirt size \_\_\_\_ Date of Trip \_\_\_\_\_ Trip Location \_\_\_\_\_

What name do you prefer to be called? \_\_\_\_\_

Is this your first mission trip with New Vision?  YES  NO

Do you speak any foreign languages fluently?  YES  NO If yes, please list: \_\_\_\_\_

**IF YOUR TRIP REQUIRES A PASSPORT, PLEASE ATTACH A COLOR COPY OF YOUR PASSPORT TO THIS APPLICATION. IF YOU HAVE NOT ACQUIRED A PASSPORT, SUBMIT A COPY AS SOON AS POSSIBLE.**

### **IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

### **MEDICAL INFORMATION**

Have you had a tetanus shot within the last 10 years? \_\_\_\_ If yes, provide date \_\_\_\_\_

Check the appropriate blank if any of the following apply to you. If you check a blank, please enter a brief description below of how this condition affects you:

- |                                   |                                 |                                |
|-----------------------------------|---------------------------------|--------------------------------|
| ____ Allergies (Including Drug)   | ____ Bee/Wasp Reaction          | ____ Hay Fever                 |
| ____ Dizziness or Fainting Spells | ____ High Blood Pressure        | ____ Repertory Problems/Asthma |
| ____ Physical Disability          | ____ Diabetes                   | ____ Heart Trouble             |
| ____ Epilepsy                     | ____ Operation in the Last Year | ____ Pregnant Due Date _____   |
| ____ Regular Medication           | ____ Other                      |                                |

**Be sure to bring an ample supply of regular medication with you on your trip. You may want to get a written prescription from your doctor to give to your group leader in case of emergency.**

Describe below, as needed, any conditions that apply:

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**INSURANCE INFORMATION:**

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**PROFILE** Check as many as apply:

<b>Ministry Leadership Experience</b>	<b>Medical Training</b>	<b>Other</b>
___ Student Ministry Volunteer	___ Doctor	___ Construction
___ Children’s Ministry Volunteer	___ Dentist	___ Teacher
___ Drama	___ Nurse	___ Social Worker
___ Bible Study Leader	___ Medical Assistant	___ Sports
___ Worship Leader (Vocal)	___ EMT	
___ Worship Leader (Guitar)	___ CPR Certified	

Tell Us About Your Unique Skills & Abilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADULT PARTICIPATION RELEASE**

**(MUST be signed in the presence of a Notary Public)\*\***

I certify the above information is correct and I HAVE READ THE ACCOMPANING LIABILITY WAIVER & RELEASE. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ My commission expires \_\_\_\_\_

## **LIABILITY WAIVER AND RELEASE**

In consideration for being allowed to participate in the trip sponsored by New Vision Baptist Church, its partners and/or agents, and in consideration of the benefits to be derived therefrom, I hereby release New Vision Baptist Church, its partners and/or agents and their present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child in the trip.

I recognize that the conditions in some of the places which I, my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason I am unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination, medical, dental, or surgical diagnosis and/or treatment, hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I agree that New Vision Baptist Church and my group may use and/or display my name and likeness without limitation and use my address for promotional purposes without consideration. I authorize New Vision Baptist Church, my group, their partners and/or agents, permission to use, copy, reproduce, display, distribute, publish, and exhibit any pictures, video or narrative I take during the trip which I provide to any of them, and pictures, video or narrative in which I may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses or liabilities and the consequences thereof, which result from the matters hereinabove inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a Christian reconciliation service.

**MISSION TRIP FINANCIAL POLICY STATEMENT**

At New Vision, we value living practically, which includes being wise stewards of the resources God has entrusted to us. In order for us to plan wisely and best utilize our financial resources, it is imperative that all mission trip participants adhere to the financial policy outlined below. Please read the following and indicate your agreement.

1. The initial deposit is non-refundable.
2. The standard initial deposit for an international trip is:
  - a. Individual: \$500
  - b. Family: \$250 per family member
3. If the participant wishes to resign his/her spot on the trip, the missions office must be notified in writing as soon as possible. Failure to notify the missions office may obligate the participant to pay the full trip amount.
4. Money submitted beyond the initial deposit of a forfeited trip may be applied to a future mission trip within a two-year period. The amount of credit may be decreased by any trip expenses incurred prior to formal notification of the participant's resignation from the trip.
5. The full balance of the trip fee is due one week prior to the departure date.

I have read the above mission trip financial policy statement and agree to abide by its terms. I understand that the total cost of my trip is \$ \_\_\_\_\_, and I understand that I am responsible for meeting this financial obligation before being allowed to participate on the trip.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_

\_\_\_\_\_