



MINOR 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:

INSURANCE INFORMATION:

Insurance Company _____
Group Number _____ Policy Number _____

PROFILE Check as many as apply:

Ministry Leadership Experience	Medical Training	Other
<input type="checkbox"/> Student Ministry Volunteer	<input type="checkbox"/> Doctor	<input type="checkbox"/> Construction
<input type="checkbox"/> Children's Ministry Volunteer	<input type="checkbox"/> Dentist	<input type="checkbox"/> Teacher
<input type="checkbox"/> Drama	<input type="checkbox"/> Nurse	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Bible Study Leader	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Sports
<input type="checkbox"/> Worship Leader (Vocal)	<input type="checkbox"/> EMT	
<input type="checkbox"/> Worship Leader (Guitar)	<input type="checkbox"/> CPR Certified	

Tell Us About Your Unique Skills & Abilities:

MINOR PARTICIPATION/GUARDIAN RELEASE

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

As the parent/legal guardian of the above-named minor, I give my permission for him/her to participate in the New Vision trip mentioned above. I certify the above information is correct and I HAVE READ THE ACCOMPANYING LIABILITY WAIVER & RELEASE. In an emergency, I give permission to a licensed physician to hospitalize/anesthetize/perform surgery on the above-named minor. I understand that every reasonable effort will be made to contact me before these actions are taken.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

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.

LETTER FOR TRAVEL AUTHORIZATION TO A FOREIGN COUNTRY (Required for all participants under the age of 18 who are not traveling with BOTH parent/guardian)

Please complete this form for each participant under the age of 18 who is not traveling with his/her parent/legal guardian. Once completed, send **copies** to New Vision Baptist Church and carry the original(s) with you at all times while traveling outside the United States. NOTE: BOTH living parents/legal guardians MUST sign this form in the presence of a notary public.

DATE: _____

We/I _____, residing
Parent(s) or Guardian(s)

at _____ are
Complete Address

parents or guardians and have legal custody of _____, a
Name of Minor

minor child, who resides with us at the address set forth above. We/I hereby authorize the minor to travel in _____ during the dates of _____
Country

with New Vision Baptist Church and the designated leader(s) listed below:

Leader Name

Leader Name

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

STATE OF _____)

COUNTY OF _____)

Subscribed, sworn to and acknowledged before me by _____

_____, the Declarant(s), this _____

day of _____, 20____.

NOTARY PUBLIC

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)

Signature (Parent/Guardian if under 18)

Date