



**Mexico**  
*Mission Application*

Date of Trip: \_\_\_\_\_

**Instructions:**  
Please include all of these with your application.

- Please print clearly and return completed application to Trinity's Mission Department.
- 2017 update - ALL Applications need to be notarized.**
- Include REQUIRED trip deposit with your application.
- Provide a copy of your passport, driver's license and health insurance card, all on one page

**Personal Information: PLEASE PRINT**

Name exactly as it appears on passport: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**Emergency Contact Information:**

Please notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

How would you describe your health? (check one) Excellent Good Average Poor

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Are you on a special diet? \_\_\_\_\_

List any allergies you have: \_\_\_\_\_

List any major illness(es) in the last five years: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

Do you have any Medical training? Yes No

Do you speak Spanish fluently? Yes No

## **TRINITY CHURCH LIABILITY WAIVER**

It is my understanding that participating in a short-term mission trip of Trinity Evangelical Free Church, Redlands, California is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, for example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### **Release of Liability**

By signing this Liability Waiver, I expressly warrant that I am capable of withstanding both the physical and mental demands of volunteer activities. I also expressly assume all risks of participating in the activities, whether such risks are known or unknown to me at this time. I further release Trinity Church and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against Trinity Church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Trinity Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where I may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Trinity Church to seek and secure any needed medical attention or treatment for me including hospitalization if in the agent's opinion such need arises. In doing so, I further agree to pay all fees and costs which arise from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and I agree to pay for the medical treatment.

### **Publicity**

On occasion, Trinity Church takes photographs or makes audio or videotape recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and recordings may be used in Trinity Church's publications or advertising materials to let others know about the ministry. In addition, local news organizations may hear of activities or events, and Trinity Church may invite or allow them to photograph or record the events for news reporting on special interest features. I consent to the use of any such audio or visual record of me to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission to be interviewed by the media, or for such photographs and other audio or visual records to be used by the media.

### **Volunteer Agreement**

As a volunteer, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Legal Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**\*\*\*\*\*DO NOT SIGN THIS FORM UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC\*\*\*\*\*Notary Public**      Please add; California All-Purpose Acknowledgement form.

**PARENT/GUARDIAN CONSENT FOR MINOR TO PARTICIPATE**

\*\*\*\*\*

FILL OUT THIS SECTION ONLY IF THE PARTICIPANT IS A MINOR

**Emergency Contacts:  
PLEASE PRINT**

Parent /Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent /Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the mission activities of Trinity Church including any special events/activities related to the trip. In consideration for allowing the participation of the child in the activities of Trinity Church, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

We the undersigned being the parents (Legal Guardian(s)) of \_\_\_\_\_, do hereby give permission to; \_\_\_\_\_ to transport him/her to **Mexico** for the Trinity/Hands of Mercy trip on \_\_\_\_\_.

If any medical actions are deemed necessary for our child's well-being during this trip, the above named adult is authorized to make any such decisions necessary as related to his/her health.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**DO NOT SIGN THIS FORM, UNTIL YOU ARE IN FRONT A NOTARY PUBLIC.**

\*\*\*\*\*

**Notary Public**  
Please add; California All-Purpose Acknowledgement form.