

Village Ministries International

5350 S. Western Ave., Suite 200
Oklahoma City, OK 73109

TEAM OUTREACH

Application and Release Form

- Please type or print clearly -

Full Name: Ms / Mrs / Mr _____
(as it appears on passport) (First) (Middle) (Last)

Passport Number: _____ I would like to go on the mission trip to: _____

Name You Wish to be Called: _____
(if different than above)

Male / Female Social Security Number: _____ Birth Date: _____
(circle one)

Address: _____

City: _____ State: _____ Zip: _____ E-Mail _____

Home Phone: (_____) _____ Cell/Pager: (_____) _____ Work: (_____) _____

Supervisor or
Your Employer: _____ Pt of Contact: _____

Spouse's Name _____ Work Phone: (_____) _____

Church Name/City/State: _____

Pastor's Name: _____ Pastor's Phone: (_____) _____

Special/Professional Skills: _____
(e.g., Sunday School teacher, musical, doctor, nurse, mechanic, etc.)

Previous mission trips: number, to where, with what organization(s) _____

Explain when and how you came to know Jesus Christ as your Savior: _____

EMERGENCY INFORMATION: In case of emergency, please notify the following person in the United States:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Cell/Pager: (_____) _____ Work: (_____) _____

If you have any medical history about which we should be aware, please indicate here: _____

If you are allergic to any medications, please list: _____

For emergency purposes, if you take any special medications, list the medications and dosage: _____

~~~ AGREEMENT AND RELEASE OF LIABILITY ~~~

PLEASE READ AND SIGN THE STATEMENT BELOW:

1. I understand that a major medical/extraction insurance policy is provided for each team member. I understand that this insurance terminates upon my arrival back in the U.S., at which time I and/or my personal medical insurance will be responsible for any continued or subsequent treatment. I understand VMI recommends I check with my health care provider regarding my coverage.
2. I understand that many of the countries to which VMI sponsors short-term mission trips recommend or require certain shots and other medicines before going on the trip. I am responsible to take these and any other precautions suggested by my family physician. [You should consult your physician and/or the U.S. Center for Disease Control to be informed of necessary shots/medicines needed in the country where you are going on your mission trip.]
3. I consent to your calling my pastor to obtain a recommendation for my participation in this mission trip.
4. I am responsible for all costs incurred on my behalf in connection with this mission trip.

>>>>>>>>> <<<<<<<<<<<

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT TRAVELING (WHETHER IN THE U.S. OR INTERNATIONALLY) HAS INHERENT RISKS, DANGERS AND HAZARDS WHICH MAY BE CAUSED BY THE NEGLIGENCE OF THE OWNERS, EMPLOYEES, OFFICERS OR AGENTS OF VMI; THE NEGLIGENCE OF OTHER PARTICIPANTS ON THE MISSION TRIP, THE NEGLIGENCE OF OTHERS, ACCIDENTS, THE FORCES OF NATURE OR OTHER CAUSES.

I, ON BEHALF OF MYSELF, MY PERSONAL REPRESENTATIVES AND MY HEIRS, HEREBY VOLUNTARILY AGREE TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY VMI AND ITS OWNERS, AGENTS, OFFICERS, BOARD MEMBERS AND EMPLOYEES FROM ANY AND ALL CLAIMS, ACTIONS OR LOSSES FOR BODILY INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICES OR OTHERWISE WHICH MAY RISE OUT OF OR IN CONNECTION WITH THIS MISSION TRIP.

I SPECIFICALLY UNDERSTAND THAT I AM RELEASING, DISCHARGING, AND WAIVING ANY CLAIMS OR ACTIONS THAT I MAY HAVE PRESENTLY OR IN THE FUTURE FOR NEGLIGENT ACTS OR OTHER CONDUCT BY THE OWNERS, AGENTS, OFFICERS, BOARD MEMBERS OR EMPLOYEES OF VMI.

Signature of Participant: _____ Date: _____