

# Village Ministries International

## TEEN MISSIONS APPLICATION AND RELEASE FORM

Name: \_\_\_\_\_ Male or Female \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Telephone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Church Name: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Pastor's telephone number: \_\_\_\_\_

Number of past mission trips, to what places? \_\_\_\_\_

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

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

### EMERGENCY INFORMATION

In case of an emergency, please notify the following person in the United States if we cannot reach your parents:

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

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

If you are allergic to any medications specify which ones: \_\_\_\_\_

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

For emergency purposes, if you take any medications, you should list the medication, the dosage, and the amount: \_\_\_\_\_

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

**PLEASE READ AND SIGN THE STATEMENT BELOW:**

I understand that Village Missions International requires that a teen going on a mission trip with us must be covered by insurance that will provide coverage both during and after the mission trip. If the teen's current policy is not valid in another country I will take out a short term policy by a reputable insurance company that will provide such insurance. Many of the countries to which VMI sponsors short-term mission trips require and/or recommend certain shots and other medicines before going on the trip. I understand that I should consult a physician and/or Center for Disease Control in order to inform you of necessary shots/medicines needed in the country where you will be going for your mission trip. I am responsible to take these and any other precautions suggested by my physician. I consent to you calling my pastor in order to obtain a recommendation for my participation in this mission trip. I am responsible for all costs incurred on my behalf in connection with this mission trip. I understand that VMI is not responsible for any health related illnesses that I may incur as a result of going on the mission trip sponsored by VMI, and that illness is an inherent risk of traveling on this mission trip. VMI is not responsible for recommending, warning or disclosing of any required medicines or medical treatment before, during or after the mission trip. I consent to you calling my pastor or any other person to obtain a recommendation for my participation in this mission trip. I am responsible for all costs incurred on my behalf or damage or liability resulting from my actions in connection with this mission trip. I indemnify and hold VMI harmless from and against any such costs, liability or damage.

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT TRAVELING (WHETHER IN THE U.S. OR INTERNATIONALLY) HAVE: 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 ANY OTHER PERSON, ACCIDENTS, THE FORCES OF NATURE OR ANY OTHER CAUSE. 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 THE NEGLIGENT ACTS OR OTHER CONDUCT BY THE OWNERS, AGENTS, OFFICERS, BOARD MEMBERS OR EMPLOYEES OF VMI.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(If participant is under 18 years of age)

Printed Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_