

**Nicaragua
July 18-22, 2011
Missions
Application**

Name:

Passport Number:

The Mission Delay

Mission Team Member Application

Nicaragua - July 2011

Applicant

Name:		Hm Phone:		
Place of employment:		Wk Phone:		
Address:	State	Zip	S.S. #:	
Gender: M / F	Birthday: / /	Age:	Marital Status: S / M / D / W	
Visa Application filed: (date)		T-shirt: S M L XL XXL		

Health Information:

Describe existing medical conditions or limitations.

List medications you are currently taking and reason for such, if not noted above.

In case of emergency contact:

Relationship:

Address:

Phone:

Name of Medical Insurance Co:

Policy #:

Refund: Because The Mission Delray is a tax-exempt nonprofit organization, the Internal Revenue Service (I.R.S.) will not allow us to “refund” any contributions. Therefore The Mission Delray cannot refund any payments made for The Mission Delray Mission Team Trips; that’s because your Trip “payment” (regardless of who wrote the check) is actually a contribution which is pooled into a Team budget. Each Team budget remains under the full control and authority of The Mission Delray, and is used specifically for all expenses related to the given Team’s outreach.

Cancellation: A person who has to cancel for legitimate reasons (e.g., medical or family emergency) does have the option to designate another person to go in his/her place on the current Team

What is covered: The cost of the trip includes round trip airfare from Miami. Also included is your housing in Nicaragua at the missions base and meals. The deposit reserves your spot on the trip based on completed application and acceptance. The Mission Delray reserves the right to deny any application.

What is not covered: You will be responsible for your travel cost to and from Miami International Airport, personal spending money, the cost of snacks, meals on travel days, gratuities where appropriate, passport fees, country exit tax, and immunizations where required.

Tax deductible donations can be applied towards your trip. Donations should be sent to The Mission Delray, Attn: Nicaragua Mission Trip. Please have donors include your name by attaching a note. Donation receipts will be mailed at the end of the year. As you raise support, please notify donors that all donations will go to The Mission Delray Missions Fund and are non-refundable. The Mission Delray will always attempt to apply donations in the manner requested and directed by the donor. Instances where donations would go to The Mission Delray Missions Fund and applied at our discretion, would include, but not limited to: receiving donations after the trip commencement date, receiving donations exceeding the trip balance, cancellation of the individual’s trip.

Payment Schedule

April 17th - \$100.00, Signed Application Packet

May 8th - \$300.00

May 29th - \$250.00

July 1st - \$200.00 Final Payment

Signature of applicant

Date

I am aware that use of any illegal drugs, alcoholic beverages, or behaviors such as stealing, repeated incidents of divisiveness, rebellion toward leadership, and any incident of involvement in any immoral behavior may be grounds for immediate expulsion from the team and all endeavors related to it at the discretion of the team leader. I will be responsible to pay for any additional expenses associated with early return transportation due to misconduct. In the event I am not able to leave the place of the mission, I willingly accept the responsibility to remain at my place of temporary residence until such a time as departure is possible.

I will dress modestly, and with respect to the cultural expectations for missionaries, Christians, and citizens of the United States of America and where these may conflict the most conservative view will be the default, when these have been provided to me in writing. I will use sound judgment otherwise.

I will do my best to honor the team leaders, and serve the team. I will follow team schedule and curfews. I will be responsible to honor my leaders even in conflict, and will be allowed to bring unresolved issues to my mission director only after attempt has been made to resolve the matter with my leader. I accept that decisions of the chain of command are final. I am responsible to address things I believe are unscriptural or which oppose my own convictions in a manner of respect and honesty and will avoid gossip about leaders if I should find myself in conflict with them.

I accept that all team expenses will be paid for at the discretion of the leadership and they are under no obligation to consult me, provided that I have been made aware of the general cost of the trip.

Signature of applicant

Date

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS.

I, _____, IN CONSIDERATION OF MY BEING ACCEPTED BY THE MISSION SOUTH FLORIDA HEREAFTER KNOWS AS THE MISISON DELRAY FOR PARTICIPATION AS A MINISTRY TEAM MEMBER FOR NICARAGUA MISSION TRIP JULY 18 - 22

HEREBY DECLARE:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign). I am in good health and have received of will be receiving all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel.

I acknowledge that THE MISSION DELRAY does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I acknowledge that THE MISSION DELRAY does not carry any insurance and I acknowledge that THE MISSION DELRAY has advised me that THE MISSION DELRAY does not accept any responsibility for any injury. I further acknowledge that THE MISSION DELRAY has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A THE MISSION DELRAY MINISTRY TEAM MEMBER ON THE ABOVE MINISTRY TRIP: (Please initial each paragraph) I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY THE MISSION DELRAY, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____

Please carefully read and sign the other side of this page

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initial: _____

I AUTHORIZE THE MISSION DELRAY TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____

I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHELF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREEE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

NAME OF MINOR TRAVELING WITH PARENT _____

SIGNATURE OF MINOR TRAVELING WITH PARENT _____

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ DATE ____/____/____

PRINT NAME _____

FULL ADDRESS _____