

REVOLUTION CHURCH COMMISSION MISSION TRIP APPLICATION

APPLICATION INSTRUCTIONS

STEP 1 - Fill out entire application. Those applying individually must also include a pastoral recommendation if Revolution Church is not your home church.

STEP 2 - Email all paperwork to: jason@irevchurch.com OR drop off paperwork at Welcome Booth on Sunday.

COMMISSION MISSION DATE AND LOCATION

PERSONAL INFORMATION

Full name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ___/___/___ Age _____

Phone () _____ Email _____

I am Male Female

I am Single Married

I am a United States Citizen Yes No

If no, please provide details

MISSION EXPERIENCE AND GOALS

Please use a separate sheet of paper if more room is needed to complete these questions.

Have you previously taken any short-term mission trips? [] Yes [] No

If yes, please share briefly about your experience.

Why would you like to participate in this upcoming Commission Mission trip?

What would make this upcoming Commission Mission trip a success for you?

CHRISTIAN WALK

When did you invite Jesus Christ to become your personal Savior?

What is your current Church involvement?

FINANCES

How will you be paying for this trip? Check all that apply:

- Personal Funds
 Raised support from friends and family

 Mix of both

Explanation of Funding

TRAVEL INFORMATION

Please attach a copy of your passport ID page – that's the page with your picture, date of birth, etc.

Passport # _____ Expiration Date ___/___/____ Country of Issue _____
Date of Issue ___/___/____

Full name _____
(Please print or type, entering your name exactly as it appears, or will appear on your passport.)

Have you traveled internationally before? Yes No

If yes, Where and when?

RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE

Commission Mission Ministry hosts mission trips in which participants evangelize and minister to local communities. Participation in the activities involves certain risks and dangers, including but not limited to:

Airplane, vehicle, boat, and other transportation-related accidents; kidnapping, terrorism, assault, theft, and other criminal activities; food contamination, poor sanitary conditions, and other health related risks; mosquito-borne diseases, such as Zika; inadequate or outdated medical care; wild animals; and adverse weather and environmental conditions.

By signing below, you agree to the terms and conditions of this release and consent agreement in exchange for the opportunity for you and any minors named herein (hereinafter “Minor Participant”) to participate in the activities.

ASSUMPTION OF RISK

By executing this Agreement, I understand that participation in the activities involves the risk of serious personal injury, including permanent disability and death. **I fully and voluntarily assume the risks** associated with participating in the activities on behalf of myself and each Minor Participant. I also attest that I and each Minor Participant are in good health and appropriate physical condition to participate safely in these activities.

RELEASE OF LIABILITY AND INDEMNIFICATION

In consideration for the privilege of participating in the activities, I, individually and in my capacity as parent or guardian of each Minor Participant, hereby release, indemnify, and covenant not to sue Revolution Church and/or its related organizations, and/or any of their directors, officers, employees, agents, and volunteers (collectively, hereinafter the “**Released Parties**”), of and from any and all demands, claims, liabilities, legal causes of action, known or unknown, that arise directly or indirectly from my or a Minor Participant’s participation in the activities and that involve property damage, economic loss, or personal injury (physical or mental) to me or a Minor Participant. The foregoing sentence shall apply, without limitation, to all demands, claims, and liabilities involving the Released Parties’ **negligence**, but not to willful and wanton, reckless, or grossly negligent acts or omissions.

CONSENT TO MEDICAL CARE

In the event that I or a Minor Participant become injured or ill, and neither I nor emergency contact listed below are available to consent to medical care, I authorize Revolution Church and/or its related organizations to arrange for any medical care it deems necessary or advisable. I agree to pay the costs of any such medical care arranged for me or any Minor Participant, and hereby release and waive any claims or causes of action and agree to not sue the Released Parties based on Negligent, wanton or willful acts of any medical provider who provides medical services to me or a Minor Participant.

PERMISSION TO USE LIKENESS

I authorize Revolution Church to use my and each Minor Participant’s name, likeness, and voice, without compensation, for the purpose of promoting Revolution Church or it’s affiliates in photographs, video recordings, websites, and other mediums.

MISCELLANEOUS

If any provision of this Agreement is determined to be invalid for any reason, such invalidity shall not affect the validity of any other provision. I understand and agree that this Agreement is intended to be as broad and inclusive as permitted under applicable law.

BY SIGNING BELOW, EACH UNDERSIGNED ADULT/PARENT/GUARDIAN ATTESTS AS FOLLOWS; I HAVE READ THIS AGREEMENT CAREFULLY, UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY, INTENDING IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW; I HAVE LEGAL RESPONSIBILITY OVER EACH MINOR PARTICIPANT, AND, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO ENTER INTO THIS AGREEMENT FOR AND ON BEHALF OF EACH MINOR PARTICIPANT.

EMAIL, TELEPHONE, EMERGENCY CONTACT, AND SIGNATURE OF EACH ADULT/PARENT/GUARDIAN

Email _____ Telephone _____

Emergency Contact _____ Relationship _____ Telephone _____

Signature _____ Name _____ Date ____/____/____

Email _____ Telephone _____

Emergency Contact _____ Relationship _____ Telephone _____

Signature _____ Name _____ Date ____/____/____

NAME AND DATE OF BIRTH OF EACH MINOR PARTICIPANT AGE 14 OR OLDER (IF APPLICABLE)

Name _____ DOB ___/___/___ Name _____ DOB ___/___/___

Name _____ DOB ___/___/___ Name _____ DOB ___/___/___

SIGNATURE OF EACH MINOR PARTICIPANT AGE 14 OR OLDER (IF APPLICABLE)

Signature _____ Name _____ Date ___/___/___

Signature _____ Name _____ Date ___/___/___

Signature _____ Name _____ Date ___/___/___

Signature _____ Name _____ Date ___/___/___