

Evangelical Covenant Church

MERGE MINISTRIES

MISSION TRIP ATTENDEE PACKET

We are so glad you are joining us on a mission trip!
God is going to do great things through you.

Please review and complete the following forms and turn them in as soon as possible

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IMPORTANT: We also need a copy of your passport, please send it in with the forms

Individual Participant
Information Form



Mission Trip Location: _____

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email: _____

Home Phone: _____ Work/Cell Phone: _____

What is the best way to contact you? E-mail Text Skype Phone

Gender: Male__ Female__ Date of Birth: _____

Citizenship: _____ Marital Status: _____

Occupation: _____ School Attending (if student): _____

Church Name and Address:

Please briefly describe your experience/relationship with Christ:

Describe your interest in this mission experience:

Describe any prior mission/outreach experiences that you have had:

What languages, other than English, do you read?

Comments:



The Evangelical Covenant Church, Covenant Merge Ministries

Hold Harmless and Indemnity Agreement

I, of the city of _____, state of _____ shall be traveling with The Evangelical Covenant Church and/or Covenant Merge Ministries (hereafter the "Church") from _____ to _____, 20 _____, for the purpose of

_____ hereafter referred to as the Activity.

I understand and agree that neither the Evangelical Covenant Church, Covenant Merge Ministries, nor its trustees, representatives, employees, and agents may be held liable in any way for an occurrence in connection with the Activity which may result in injury, harm (including death), or other damages to the person or property of the undersigned or members of our organization and guests, including minors, invited or not. Rather, I agree that our Organization alone shall be responsible for any property damage, personal injury or death that may occur during our travels.

As part of the consideration for participating in the Activity, I, _____, release the Evangelical Covenant Church, Covenant Merge Ministries, its trustees, employees, agents, offices of and representatives from any claim for damages, injury, death, or loss of any kind, which may occur while participating in the Activity. I, _____, further agree to save and hold harmless the Evangelical Covenant Church, Covenant Merge Ministries, its trustees, employees, agents, or representatives from any claim arising out of or participation in any form or fashion in the Activity. This agreement shall be binding on my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the Church and its successors, employees, agents, officers, and assigns.

I understand that in the unlikely event of the fatality of a mission trip participant during the trip, the Evangelical Covenant Church, the local international church, the sending church/organization and the US Department of State will be involved in working to have the remains returned to the USA or Canada as quickly as possible. In extremely rare circumstances this may not occur due to various reasons. I, or any of my relatives, will not hold the Evangelical Covenant Church liable if remains are not returned.

The Evangelical Covenant Church is headquartered in the State of Illinois, and in order to provide certainty in the law to be applied to the construction of their agreement, this agreement shall be governed, construed, and enforced in accordance with the law of the State of Illinois.

I understand the terms of this agreement are contractual and not mere recital; and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the content of this agreement and release by reading it before I signed it.

I have executed this Hold Harmless and Indemnity Agreement this _____ day of _____, 20 _____.

BY:
Participant
Signature: _____ Witness: _____

for participants under 18 years old,
Parent Signature: _____



Volunteer Release Memo

If you are volunteering to serve, you should be aware of risks, be cautious and use good safety procedures.

Some of the areas volunteers might visit may have unusually high risks of unsanitary food or water, disease, civil disturbances or crime. There are dangers inherent in travel and in construction projects. Be a good steward of your life and health. Find out what the risks are and be prepared to meet them. Participants, churches and agencies should talk directly about risks and precautions and not rely on Covenant Mission Connection for advice.

Persons volunteering to serve in various programs are not employees or contractors. Therefore, they are not covered by any Worker's Compensation Insurance or accident or group health or life insurance supplied by the church or agency they are serving. You should obtain any insurance you need. If traveling outside your country, you should check to make certain that you have appropriate medical insurance coverage in effect outside your country.



Volunteer Release Form

I acknowledge that I am a volunteer and not an employee or contractor.

I have a responsibility to obtain my own insurance, if needed.

I also have a responsibility to find out about potential risks and take necessary precautions.

I release Covenant World Mission and any church that is sending or supporting me, the church or agency I am serving, and their employees and agents, of any liability for any injury to me in my volunteer work.

Adult signature

date

Print name

Church

Dates of Trip

Location of Trip

FOR PARENTS OR GUARDIANS: Fill out trip information above and sign below.

On behalf of my minor child, for whom I am responsible, named

_____, I acknowledge this release.

Adult signature

date

Print name

MEDICAL Insurance Coverage

Current Policy

Team Member _____

Insurance Company _____

Company Address _____

Phone Number _____

Name of Insured/Relationship to Insured _____

Policy Number _____

_____ I have checked with my insurance company and my current health insurance does cover the trip to _____ for which I have been accepted.

_____ I have checked with my insurance company, and my current health insurance does not cover the trip to _____ for which I have been accepted.

If your insurance does not cover your trip, you can purchase travel insurance for coverage during the time away.

Since my current policy does not cover me out of country, I will be insured for the trip by the following company:

Overseas Policy

Insurance Company _____

Company Address _____

Phone Number _____

Policy Number _____

Signed _____

Date _____