

MISSIONS PARTICIPATION AGREEMENT & COVENANT

MISSION INFORMATION (Mission sponsor information)

Name of sponsoring organization: Washington Madison Baptist Association

Address: 1925 N Green Acres Road, Fayetteville, AR 72703 Phone: 479-521-1295

Name of Team Leader: _____ Phone: _____

Description of Activity: _____

Date(s) and location of activity: _____

PARTICIPANT INFORMATION (To be completed by participant or an authorized guardian)

Full Name of Participant (as on Passport/License): _____

Address: _____

Phone: _____ Email: _____

Passport # (if applicable): _____ Expiration Date: _____

Birth Date ____/____/____ Male ____ Female ____ Marital Status (circle one): Single Married

Name of Emergency Contact: _____

Phone: (Day) _____ (Evening) _____

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

If yes, name the insurer: _____ Policy/Grp.#: _____

Describe present health: ____ Excellent ____ Good ____ Average ____ Poor

State any major illness(es) you've had in last 5 years: _____

Are you presently under care of a physician? ____ Yes ____ No If Yes, Explain: _____

List any medication you are taking: _____

List any allergies you have: _____

Physical challenges you might face: _____

T-Shirt Size: ____ S ____ M ____ L ____ XL ____ 2XL ____ 3XL

Do you? Preach ____ Teach ____ Sing ____ Drama ____ Play musical instrument _____

Sport? _____

Work Skills? _____

Languages Spoken? _____

PARTICIPANT AGREEMENT

By signing below, the participant (or parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. The participant accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. The participant waives any defense to the enforcement of any provision of this agreement arising from a claim of lack of consideration and warrants that this agreement constitutes a legal, valid, and binding obligation upon them. The participant agrees that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

Signature: _____ **Date:** _____
(Participant or parent/guardian if participant is a minor)

CHURCH & COVENANT INFORMATION (To be completed by participant or an authorized guardian)

Present Church Membership: _____

City, State: _____

Pastor's Name: _____

Pastor's Phone or Email: _____

Church Recommendation:

The _____ Church of _____

Whole-heartedly recommends the participant mentioned above as sound in his/her Christian faith and spiritually equipped to serve on this mission trip.

Pastor Signature: _____ **Date:** _____

COVENANT AGREEMENT

COVENANT: I covenant to make spiritual preparation for my assignments, attend all training sessions prior to the trip, read all orientation material and seek the heart of a servant. I, further, covenant to stay with the group to which I am assigned, serve under the leadership of the Team Leader, be flexible in the situations which are out of my comfort zone, and do everything I can, as God gives me strength, to be pleasing to Him. I also covenant to refrain from using any alcohol or tobacco products while serving on this mission trip. I understand a non-refundable deposit will be required. If at any time during this mission trip my behavior differs from the sponsor policies or is inconsistent with Biblical standards, I understand I may be immediately dismissed, at my cost, with no refund for cost of the mission trip.

Participant Signature (or Parent/Guardian)

Date

Return To: Washington Madison Baptist Association
Attn: Director of Missions
1925 N Green Acres Road, Fayetteville, AR 72703
Phone: 479-521-1925 Email: wmba@wmbaonline.net

