

*Lake of the Ozarks Baptist Association*  
Mission Trip 2019 Commitment Form  
Rochester, Minnesota

Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

***NOTE: Persons under the age of eighteen must be accompanied by parent or legal guardian.***

What church are you a member of? \_\_\_\_\_

*Standards of Conduct* Please read and sign below

We are a Team. We worship together, eat together, work together, and travel together. My behavior reflects the character, and affects the reputation, of my Lord, my Church, my Association, and my fellow team members. As a member of the Lake of the Ozarks Baptist Association mission team, I understand and agree to the following:

1. I am an active member of a church in Lake of the Ozarks Baptist Association.
2. I will respect and abide by the decisions of the team leadership.
3. Alcohol, tobacco, illegal drugs, etc. will not be permitted.
4. Coarse jesting, romance, cliques, bitterness, gossip, etc. will not be tolerated.
5. I will pay the cost of \$75 by July 1<sup>st</sup>. This cost covers only meals while in Rochester. I understand that I am also responsible for travel costs and meals in route to and from Rochester. The cost for participants from the same family will be capped at \$150.
6. I will attend all team planning and training sessions unless providentially hindered.
7. If I refuse to abide by the above I will be sent home at my own expense.

*Background Check:* I also hereby give the Lake of the Ozarks Baptist Association permission to run a criminal background check on me. My SS# is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ My DOB is \_\_\_\_\_

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_

*Pastor's Recommendation:* \_\_\_\_\_ is a member in good standing of \_\_\_\_\_ Baptist Church and is qualified and capable to participate in the LOBA Mission Trip to Rochester, Minnesota.

Pastor's Signature: \_\_\_\_\_

\_\_\_\_\_ I may need financial assistance to cover the \$75 cost. My anticipated need is . . .

\_\_\_\_\_ \$25          \_\_\_\_\_ \$50          \_\_\_\_\_ \$75          \_\_\_\_\_ other

\_\_\_\_\_ In addition to covering my own cost (\$75 plus travel and meals in route), I am able to contribute the following amount for someone else . . . \_\_\_\_\_

Please indicate your area of interest in serving:

\_\_\_\_\_ Kitchen                      \_\_\_\_\_ VBS -- age group \_\_\_\_\_  
\_\_\_\_\_ Tile                              \_\_\_\_\_ Landscaping \_\_\_\_\_  
\_\_\_\_\_ Painting                      \_\_\_\_\_ Other

Please mark at least one of the following:

\_\_\_\_\_ I would like training / refresher course in how to share the gospel  
\_\_\_\_\_ I am very comfortable sharing the gospel with others  
\_\_\_\_\_ I am willing to teach others how to be more comfortable with sharing the gospel

I would prefer to . . .

\_\_\_\_\_ Ride with someone else  
\_\_\_\_\_ Drive, but I have room for \_\_\_\_\_ to ride with me

Please list any dietary needs and food allergies: \_\_\_\_\_

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### Medical Consent Form

Only completely filled in forms will be accepted. Please attach a copy of your health insurance card.

**NAME OF PARTICIPANT (printed)(if minor give parent or guardian info below):**

\_\_\_\_\_

**NAME OF PARENT OR GUARDIAN (printed):**

\_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named above as "Participant") or in the event of illness of myself, my spouse or any child of mine while on the Lake of the Ozarks Baptist Association Mission Trip to Rochester, Minnesota July 19 – 27, 2019:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any child of mine of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem

necessary or advisable.

2. I authorize any officer or member of the Lake of the Ozarks Baptist Association to consent to such medical care or treatment.

3. I agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless of all liability for such cost the Lake of the Ozarks Baptist Association, its officers and, members.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist or the staff of any hospital.

This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Primary EMERGENCY contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary EMERGENCY Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician Name and phone: \_\_\_\_\_

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Current medications: \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy number \_\_\_\_\_

Other family members on Team: \_\_\_\_\_