



Services held at:

**Stewart Elementary School**

**2880 Leechburg Road, Lower Burrell, PA 15068**

☎ 724-680-0406

✉ info@redemptionpa.org

🌐 http://www.redemptionpa.org

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## SHORT-TERM MISSION TRIP APPLICATION

**APPLICATION TYPE** (check one):    **PARTICIPANT** \_\_\_\_\_    **LEADERSHIP:** \_\_\_\_\_

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### PERSONAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please PRINT Name

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ (MINIMUM AGE SUBJECT TO TRIP REQUIREMENTS)    DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

IF MARRIED, NAME OF SPOUSE: \_\_\_\_\_

NAMES AND AGES OF CHILDREN: \_\_\_\_\_

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### CITIZENSHIP / PASSPORT INFORMATION

CITIZENSHIP: \_\_\_\_\_ DO YOU HAVE A PASSPORT? \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

***Please PROVIDE A COPY OF YOUR PASSPORT with this application if the trip is out of the United States.***

**WHY DO YOU FEEL CALLED TO PARTICIPATE IN THIS TRIP AND HOW DO YOU SEE YOUR ROLE?**

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**HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION)?**  YES  NO  I WOULD PREFER TO DISCUSS

**PLEASE PROVIDE A DETAILED EXPLANATION**

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**LEADER IS REQUIRED TO TAKE COPY OF THIS PAGE ON THE TRIP TO HAVE AVAILABLE AT ALL TIMES**

**MEDICAL INFORMATION** - TO BE COMPLETED BY PARTICIPANT OR PARENT/GUARDIAN

NAME OF PARTICIPANT: \_\_\_\_\_

**BRIEFLY DESCRIBE ANY OF THE FOLLOWING THAT APPLY:**

*NOTE: A physician's release may be required to participate in this trip.*

PHYSICAL DISABILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST OF MEDICATIONS AND DOSAGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL DIETARY NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS PARTICIPANT CURRENTLY UNDER THE CARE OF A PHYSICIAN?     YES     NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICAL CHALLENGES OR LIMITATIONS THAT APPLY TO PARTICIPANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEADER IS REQUIRED TO TAKE COPY OF THIS PAGE ON THE TRIP TO HAVE AVAILABLE AT ALL TIMES**

## **IN CASE OF AN ACCIDENT, ILLNESS, OR EMERGENCY**

NAME OF PARTICIPANT: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### **PARTICIPANT'S PHYSICIAN INFORMATION:**

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

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IS TRIP SPONSOR AUTHORIZED TO APPROVE MEDICAL TREATMENT?  YES  NO

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DATE OF LAST TETANUS SHOT: \_\_\_\_\_

*A current tetanus shot is required and must have been received within the last 10 years.*

**ADDITIONAL VACCINATIONS MAY BE REQUIRED, AS RECOMMENDED BY THE CDC,  
BASED ON THE TRIP LOCATION(S)**

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### **MEDICAL INSURANCE DETAILS**

NAME OF POLICYHOLDER: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

*All participants and leaders of this trip are REQUIRED to provide evidence of Medical Insurance.*

**LEADER IS REQUIRED TO TAKE COPY OF THIS PAGE ON THE TRIP TO HAVE AVAILABLE AT ALL TIMES**

## **LIABILITY WAIVER AND RELEASE**

In consideration of being allowed to participate in this trip, sponsored by Redemption Church, and in consideration of the benefits to be derived therefrom, I hereby release Redemption Church and its partners and/or agents and their present and former elders, staff, officers, directors, members, employees, agents and their administrators, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family, including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, as well as other risks to person and property, and I enter into participation in this trip.

In the event of an emergency, I hereby authorize a leader of this trip as an agent for me to consent to: any x-ray examination; medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this RELEASE and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in this trip.

I understand that this RELEASE applies to, cover, and includes unknown, unforeseen, unanticipated, and unexpected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to, as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance and releases shall not extend to claims or damages, which are unknown or unsuspected to exist at the time, are hereby expressly waived by me.

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### **PARTICIPANT RELEASE** *(only sign in the presence of a witness)*

I certify the above information is correct and that I HAVE READ THE LAIBILITY WAIVER AND RELEASE. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery, as need, and additionally agree to all conditions stated in the LIABILITY WAIVER AND RELEASE.

*Sign in the presence of a witness:*

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### **IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST COMPLETE AND SIGN BELOW**

Please PRINT Name of PARENT/GUARDIAN: \_\_\_\_\_

*Sign in the presence of a witness:*

SIGNATURE OF PARENT/GURADIAN: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that I have witnessed the signature of the PARTICIPANT and when needed, the signature of the legal PARENT/GUARDIAN of the minor participant.

Please PRINT Name of Witness: \_\_\_\_\_

SIGNATURE OF **WITNESS**: \_\_\_\_\_ DATE: \_\_\_\_\_

# AGREEMENT TO PARTICIPATE IN MISSION TRIP SPONSORED BY REDEMPTION CHURCH

**ACTIVITY INFORMATION: To be completed by Redemption Church.**

NAME OF SPONSORING ORGANIZATION: REDEMPTION CHURCH TELEPHONE: 724-680-0406

MAILING ADDRESS: Redemption Church, P.O. Box 2315, Lower Burrell, PA 15068

DATE(S) OF ACTIVITY: \_\_\_\_\_

LOCATION(S) OF ACTIVITY/TRIP: \_\_\_\_\_

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## PARTICIPANTS AGREEMENT – PARENT/GUARDIAN CONSENT

By signing below, the PARTICIPANT or the AUTHORIZED PARENT/GUARDIAN of the participant acknowledges, fully understands, and agrees to the following:

- That participation on the short-term mission trip is on a volunteer basis.
- That there is no financial compensation of any type to be received for participating.
- That Participant/Parent/Guardian accepts the risk of possible personal injury or illness sustained during this mission trip.
- Participant/Parent/Guardian accepts full financial responsibility for any injury or illness sustained during this mission trip.
- That all expenses associated with participation in this trip is the responsibility of the Participant/Parent/Guardian.
- That certain expenses, such as the cost of airline tickets, are not refundable if Participant/Parent/Guardian should cancel this application, after those expenses have been incurred.
- That all costs for this trip are to be submitted in accordance with the required schedule of due dates, as established.
- That all the questions on this application have been answered truthfully and information provided is accurate.

*Sign in the presence of a witness:*

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### IF PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT/GUARDIAN MUST COMPLETE AND SIGN BELOW

I, \_\_\_\_\_ have read this SHORT-TERM MISSION TRIP APPLICATION  
PRINT Name of PARENT/GURADIAN  
and AGREEMENT TO PARTICIPATE IN MISSION TRIP SPONSORED BY REDEMPTION CHURCH, and give my  
consent for \_\_\_\_\_ to participate on this trip.  
PRINT Name of PARTICIPANT

*Sign in the presence of a witness:*

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that I have witnessed the signature of the PARTICIPANT and when needed, the signature of the legal PARENT/GUARDIAN of the minor participant on this AGREEMENT/CONSENT form.

Please PRINT Name of Witness: \_\_\_\_\_

SIGNATURE OF **WITNESS**: \_\_\_\_\_ DATE: \_\_\_\_\_

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### STAFF APPROVAL OF PARTICIPANT APPLICATION (OFFICE USE ONLY)

\_\_\_\_\_  
PLEASE Print Name DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_