

2012 MAIMI OUTREACH

DATES: JULY 23-28 LOCATION: CENTRAL BIBLE COST: \$300

This application will not be accepted without the \$75 registration fee. The application fee is not transferable and not refundable, unless the application is not accepted. The payment schedule must be met in order to go on this trip. Requirements: you need to be at least 14 years old, saved, have a desire to go and not be sent by mom or dad and display qualities of a Christian, and have a pastor's recommendation.

PLEASE PRINT CLEARLY

DEPOSIT PAID _____

Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Church Name: _____ Church City: _____

Parent's Name _____

Home Phone: _____ Cell Phone: _____

Parent's Cell: _____ Email: _____

T-SHIRT SIZE: _____ SMALL _____ MEDIUM _____ LARGE _____ XLARGE _____ XXLARGE

MEDICAL INFORMATION

List any medical conditions that you have at the present time. List any medications that you presently take regularly as well as any food allergies.

SPIRITUAL INFORMATION

Do you love Jesus with all your heart and your lifestyle shows it? _____ Yes _____ No

Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

By signing this application you will agree to the payment schedule and work with all your hear and strength at presenting the gospel to a lost and dying world. Missions are not about me, it's all about souls!

Parental Consent Form

(for those under the age of 18)

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Child's Address: _____

City: _____

Home Phone: _____

Mobile Phone: _____

State: _____

ZIP: _____

Work Phone: _____

E-mail: _____

Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? ____
Yes ____ No If yes, please explain and list any medications.

2. Is your child allergic to any type of medication? ____ Yes ____ No If yes, please explain.

3. Does your child medically require a special diet? ____ Yes ____ No If yes, please explain.

4. Does your child have (or has ever had) any of the following? (Check all that apply and explain.)

____ Seizures

____ Asthma

____ Heart Murmur

____ Diabetes

____ Hay Fever

____ Kidney Disease

____ Other: _____

Explain: _____

5. Does your child have any allergies? ____ Yes ____ No

If yes, please explain and list medications.

6. Has your child ever sleep walked? ____ Yes ____ No

7. Can your child swim? ____ Yes ____ No

8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? ____ Yes ____ No If yes, please explain.

Initial: _____ Date: _____

Parental Consent Form

(continued)

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Family Doctor: _____

Doctor's Phone Number: _____

Child's Insurance Company: _____

Child's Ins. Policy Number: _____

Initial: _____ Date: _____

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in an AIM trip during _____ (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an AIM trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming. I (We) **do not** authorize our child to participate in any of the following activities: _____.

Initial: _____ Date: _____

Model Release

I, _____, do hereby give National Youth Ministries, the General Council of the Assemblies of God, and any/all of their licensees and legal representatives the irrevocable right to use my child's name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: _____ Date: _____

Parental Consent Form

(continued)

Insurance Election

I am aware of the hazards and risks to my child associated with serving in a missions capacity. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Foreign Trips—Brotherhood Mutual Insurance Company

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- Medical accident and sickness coverage: \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance, including:
 - Emergency medical evacuation — Medically supervised repatriation — Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Initial: _____ **Date:** _____

Stateside Trips—Special Markets Insurance Consultants, Inc.

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accidental Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Please select one of the following:

_____ I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company for foreign trips and through Special Markets Insurance Consultants, Inc., for stateside trips.

_____ I do desire additional insurance coverage and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

Initial: _____ **Date:** _____

Assumption of Risk

(for those 18 years and older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverages required by AIM, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, any AIM Affiliates, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by AIM, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.**

Name: (print)	Witness: (print)
Signature:	Signature:
Date:	Date: