



## Adult Missions Trip Participant Form

(Please Fill Out And Submit This Form Along With A Copy Of Your Passport)

Missions Trip Location: \_\_\_\_\_ Missions Trip Dates: \_\_\_\_\_

### Personal Information

Legal Name: \_\_\_\_\_  

Last
(As It Appears On Passport)
First
Middle

Address: \_\_\_\_\_  

Street Address
Apartment/Unit#
  
 \_\_\_\_\_  

City
State
Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date Of Expiration: \_\_\_\_\_

If traveling internationally, please attach a photocopy of your passport page to this trip form.

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

### Emergency Contact Information

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  

Street Address
Street Address
  
 \_\_\_\_\_  

City
State
Zip Code
City
State
Zip Code

Primary Phone: ( ) \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

### Medical Insurance Information

Insurance Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  

Street Address
  
 \_\_\_\_\_  

City
State
Zip Code

Group/Policy#: \_\_\_\_\_ Plan ID#: \_\_\_\_\_

Please attach a copy of both sides of your insurance card. You are not required to have insurance to participate in a missions trip with CVBM.

### Medical And Health History

Do you suffer from any of the following Medical Conditions? Check all that apply.

- |                                       |   |   |                                     |
|---------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Chronic Anxiety    | <input type="checkbox"/> Hypoglycemia       | <input type="checkbox"/> Arthritis  |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Glaucoma           | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Migraines    | <input type="checkbox"/> Fainting           | <input type="checkbox"/> Bee/Wasp Reactions |                                     |

If You Checked Yes To Any Of The Medical Conditions Listed On Page One Please Explain: \_\_\_\_\_

List Any Allergies (food, medicine, environmental, insects, etc): \_\_\_\_\_

Dietary Limitations: \_\_\_\_\_

Current Medications (prescription and over the counter medications):

(Use separate sheet if necessary)

Name Of Medication	Dosage(strength, frequency)	Reason For Taking Medication

List Any Physical Limitations: \_\_\_\_\_

List Any Medical, First Aid Or CPR Training & Dates: \_\_\_\_\_

I understand that by signing below I am allowing the group leader the right to seek medical attention in case of a medical emergency for me. I hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed physician or dentist and hospital service that may be deemed necessary while participating on this mission trip.

I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Spiritual Information

Home Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Pastors Name: \_\_\_\_\_ Pastors Phone Number: ( ) \_\_\_\_\_

Have you served in ministry at your home church? Yes  No  What Ministries: \_\_\_\_\_

Have you had previous experience on the mission field? Yes  No  Where: \_\_\_\_\_

What talents or skills do you have that the Lord can use on this trip?

(Include building experience, foreign language, music, teaching, etc)

CVBM Trip Policies

I acknowledge and will adhere to the following policies of CVBM's missions trips listed below:

1. By submitting this form, you acknowledge personal responsibility to pay for your portion of the trip cost.

2. Everyone must keep their passport on them at all times, except when at the hotel.
3. No one is to operate any vehicle or machinery without consent of the team leader.
4. You must stay with the group at all times, unless it is cleared with the team leader.
5. You must attend all called team meetings and devotions while on the trip.
6. If you are unable to participate in your trip, CVBM must receive notification as soon as possible. You are responsible for all trip costs incurred up to that date.
7. Team members assume responsibility for their personal belongings on the trip. CVBM will not reimburse team members for items that are lost, stolen or confiscated during the trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CVBM Waiver, Release Indemnity Agreement**  
(Adult Participant)

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Participant does hereby release and forever discharge CVBM, and its employees, officers, agents, directors and representatives ("CVBM Related Parties") and Souls Harbour Baptist Church, from any and all claims, demands, actions and causes of action for any and all injuries, losses, liabilities and/or damages sustained, incurred or suffered by Participant during, as a result of, or in any way related to, the campaigns, including, without limitation, those relating to my leaving the United States of America and visiting foreign countries, including my stay in any foreign country and my trip to and from any foreign country. WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES AND FOREVER DISCHARGES CVBM, AND ALL CVBM RELATED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION FOR ANY AND ALL INJURIES, LOSSES, LIABILITIES AND/OR DAMAGES SUSTAINED, INCURRED OR SUFFERED BY THE PARTICIPANT ARISING DIRECTLY OR INDIRECTLY FROM OR AS A RESULT OF THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR WILLFUL MISCONDUCT) OF CVBM OR ANY CVBM RELATED PARTIES.

2. Without limiting the release set forth above, Participant acknowledges that he/she understands that CVBM makes arrangements with airlines, hotels, travel agencies and other independent parties to provide Participant with certain services connected with the Campaigns. These parties are not agents of CVBM, but are independent suppliers over whom CVBM has no control, and Participant consents to all such arrangements. CVBM is not responsible for any claims, losses, damages, costs or expenses sustained, incurred or suffered by Participant as a result of, arising from, or in any way related to any accident, injury or death, damage, loss or delay of baggage or other property, or delay, inconvenience, loss of enjoyment, upset, disappointment, distress or frustration, whether physical or mental, resulting from or in any way related to (1) the act or omission of any such airline, hotel, travel agency or other independent party; (2) mechanical breakdown, government actions, weather or other factors beyond CVBM's control; (3) failure of Participant to obtain or receive documents, passports, visas or health certificates valid through the date of re-entry to the United States, when required, in which case CVBM may assess a cancellation charge; (4) failure of Participant to follow instructions, including, but not limited to, those regarding check-in and check-out times and baggage handling; (5) cancellation or change for any reason in the travel services offered; and (6) medical or health problems or physical disabilities, and any medical treatment or hospitalization, or lack thereof, related thereto. Participant understands CVBM reserves the right to cancel or alter the Campaigns at any time at its sole discretion. WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES AND FOREVER DISCHARGES CVBM AND ALL CVBM RELATED PARTIES FROM ANY AND ALL LIABILITIES, DAMAGES, OBLIGATIONS, CLAIMS, ACTIONS, CAUSES OF ACTION, LOSSES, COSTS, OR EXPENSES INCURRED OR SUFFERED BY THE PARTICIPANT ARISING DIRECTLY OR INDIRECTLY FROM OR AS A RESULT OF THE NEGLIGENCE OF ANY SUCH AIRLINES, HOTELS, TRAVEL AGENCIES OR OTHER INDEPENDENT PARTIES WITH WHICH CVBM MAKES TRAVEL ARRANGEMENTS.

3. Participant gives CVBM and its representative(s) (including, without limitation, the leader of any such Campaign) authority to request and authorize medical and/or hospital treatment for Participant in the event of any injury or sickness sustained by Participant while on any Campaign, including, without limitation, while traveling to and from any foreign country, and, if the need arises, to administer medical treatment, life-saving techniques or other first aid pursuant to the standard medical kit carried on the Campaigns. Participant agrees to pay for all such treatment and to reimburse CVBM for all costs and expenses incurred by Participant with respect to such treatment.

WITHOUT LIMITATION OF THE FOREGOING, THE UNDERSIGNED HEREBY SPECIFICALLY RELEASES CVBM, AND ALL CVBM RELATED PARTIES, FROM ANY DUTY OR AND ALL CVBM PARTIES, FROM ANY DUTY OR OBLIGATION TO PROVIDE MEDICAL SERVICE OR TREATMENT, LIFE-SAVING TECHNIQUES, FIRST AID, OR HOSPITAL TREATMENT FOR PARTICIPANT IN THE EVENT OF ANY INJURY OR SICKNESS SUSTAINED BY PARTICIPANT WHILE ON ANY CAMPAIGN, INCLUDING, WITHOUT LIMITATION, WHILE TRAVELING TO, IN, AND FROM ANY FOREIGN COUNTRY.

4. The invalidity or unenforceability of any particular provision of this Campaign Release Form shall not affect any other provision hereof, and in the event that any provision hereof is found by a court of competent jurisdiction to be invalid or unenforceable, this Campaign Release Form shall be construed in all respects as if such invalid or unenforceable provision had never comprised a part hereof and the remaining provisions hereof shall remain in full force and effect and shall not be affected by the invalid or unenforceable provision or by its severance here from. Furthermore, in lieu of such invalid or unenforceable provision, there shall be added automatically hereto and as a part hereof a provision as similar in terms and intent to such invalid or unenforceable provision as may be possible and be legal, valid and enforceable.

5. This Campaign Release Form may be relied upon by CVBM and all CVBM Related Parties until such time as CVBM is notified in writing at its address set forth below that this Campaign Release Form is canceled. Any such notice of cancellation shall be effective only with respect to acts or omissions first occurring after the later of (a) the date of CVBM's receipt of such notice of cancellation, or (b) the date Participant completes and returns from any Campaign in which Participant is participating at the time such notice of cancellation is delivered.

I, the Participant named herein, am eighteen (18) years of age or older, and competent to sign this Campaign Release Form. This Campaign Release Form is binding on me and my executor, administrators and heirs. This Campaign Release Form shall apply to any and all Campaigns (present or future) in which Participant participates or will participate, and in the event of any inconsistency or ambiguity between this Campaign Release Form and any prior release form signed by Participant, this Campaign Release Form shall control.

I AM AWARE THAT FOREIGN TRAVEL, INCLUDING TRAVEL TO AND FROM ANY CAMPAIGN SITE LOCATION, HAS INHERENT DANGERS THAT POSE A RISK OF HARM OR INJURY, INCLUDING, BUT NOT LIMITED TO, DISEASE, LACK OF PROPER HEALTH CARE, CRIME, CIVIL UNREST, LACK OF PROPER HEALTH STANDARDS, AND LACK OF AIRPORT SECURITY.

I AM AWARE THAT I MAY SUFFER BODILY INJURY OR PROPERTY DAMAGE ARISING OUT OF MY PARTICIPATION IN THE CAMPAIGNS. HOWEVER, I VOLUNTARILY CHOOSE TO ASSUME THESE RISKS AND PARTICIPATE IN THE EVENT. I AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS BOTH CURRENT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE FULL KNOWLEDGE OF THIS DOCUMENT'S LEGAL SIGNIFICANCE.

I HAVE FULLY READ THE ABOVE AND UNDERSTAND IT AND HEREBY CONSENT TO IT AND AGREE TO BE BOUND BY IT.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participants Printed Name: \_\_\_\_\_

Address For Notice To CVBM:  
CVBM  
P.O. Box 706  
Roanoke, Al 36274

This Form may be personally given to the Team Leader, or mailed to CVBM at P.O. Box 706 Roanoke, Al 36274



## Code Of Conduct Form

### Team Covenant

As a body united in Christ, consecrated to the task of sharing the Gospel and the love of Christ, we covenant with one another before God to:

1. Pray before every major event or decision, including travel and work days.
2. Pray for one another daily and bear one another's burdens in love.
3. Never trivialize someone else's feelings or betray a confidence.
4. Clear up any grievances we have with one another before the sun goes down.
5. Speak honestly with one another.
6. Assume the best in each other's motives in any situation.
7. Never use profanity.
8. Never talk down about the national people, their culture or their way of doing things.
9. Do my best to be Christ-like at all times.
10. Always be quick to listen, slow to speak and slow to become angry.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dress Code

#### Men's Dress Code:

- For Services: Either khakis or nice jeans and a collared shirt.
- For Outreach Days: Jeans and a nice T-shirt. Tennis shoes or boots are recommended.
- For Excursion Days: Jeans or knee length shorts and a T-shirt.
- For Work Days: Jeans or cargos and a work shirt. Boots must be worn as well.
- For Swimming: Knee length swimming trunks and a surf shirt or T-shirt.
- At Hotel Or Free Time: Jeans, knee length shorts and T-shirts.

#### Ladies Dress Code:

- For Services: Either a dress or skirt (knee length).
- For Outreach Days: A knee length skirt (jean or khaki is recommended) and a T-shirt. Tennis shoes are recommended, open toe shoes and sandals are not recommended.
- For Excursion Days: Knee length skirts, loose(modest) jeans, knee length shorts, capris and a T-shirt. Tennis shoes are recommended.
- For Swimming: A swimsuit(NO bikinis or any suit that shows the mid section). You must also wear surf shorts/skirt or gym shorts over your swimsuit.
- At Hotel Or Free Time: Skirts, loose(modest) jeans, knee length shorts, capris and a T-shirt.

NOTICE: You will not be allowed to wear anything that advertises beer, alcohol or cigarettes or has ungodly pictures and/or writings on it at any time. The team leader may ask you to change if he feels that what your are wearing does not line up with these guidelines or may offend the pastor, pastors wife or the national people. By signing below I am stating that I have read the dress code and will do my best to adhere to it.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_