



Youth Missions Trip Participant Form

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

This Form Must be completed even if minor is accompanied on trip by parent(s) or Guardian(s)

Missions Trip Location: _____ Missions Trip Dates: _____

Personal Information

Minor's 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.

- Hypertension
- Asthma
- Diabetes
- Migraines
- Bleeding Disorders
- Chronic Anxiety
- Glaucoma
- Fainting
- Heart Disease
- Hypoglycemia
- Epilepsy
- Bee/Wasp Reactions
- Seizures
- Arthritis
- Depression

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/We, the undersigned parent(s) or legal guardian(s), understand that by signing below, I/We are authorizing the group leader the right to seek medical attention in case of a medical emergency for my child. 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 they are participating on this mission trip.

I/We understand that every effort will be made to inform me before these actions are taken but will not hinder the group leader from acting in the case of an emergency.

Minor's Name: _____ Birth Date: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Spiritual Information

Home Church: _____ City/State: _____

Pastor's Name: _____ Pastor's Phone Number: () _____

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 child's portion of their 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.

Parent/Guardian Signature: _____ Date: _____

Participant/Minor's Signature: _____ Date: _____

CVBM Waiver, Release And Indemnity Agreement
(Adult Participant)

THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Participant/Minor's Name: _____

Parent/ _____ Parent/ _____
 Guardian #1 Name: _____ Guardian #2 Name: _____

1. The Parents/Guardians of afore mentioned minor, 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 their leaving the United States of America and visiting foreign countries, including Participants stay in any foreign country and their 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, I/We understand, 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 Undersigned 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. I/We understand 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. The Undersigned, 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. The Undersigned 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/WE, the Parent(s) or Legal Guardian(s) of afore mentioned minor, am 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/WE 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/WE AM AWARE THAT AFORE MENTIONED MINOR MAY SUFFER BODILY INJURY OR PROPERTY DAMAGE ARISING OUT OF THEIR PARTICIPATION IN THE CAMPAIGNS. HOWEVER, I/WE VOLUNTARILY CHOOSE TO ASSUME THESE RISKS AND ALLOW AFORE MENTIONED MINOR TO PARTICIPATE IN THE EVENT. I/WE HAVE FULL KNOWLEDGE OF THIS DOCUMENT'S LEGAL SIGNIFICANCE. I/WE AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS BOTH CURRENT AND ACCURATE TO THE BEST OF OUR KNOWLEDGE.

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

Parent/Guardian #1 Signature	Parent/Guardian #2 Signature	Date
Parent/Guardian #1 Printed Name	Parent/Guardian #2 Printed Name	Date
Participant/Minor's Signature	Date	

Note To Notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.

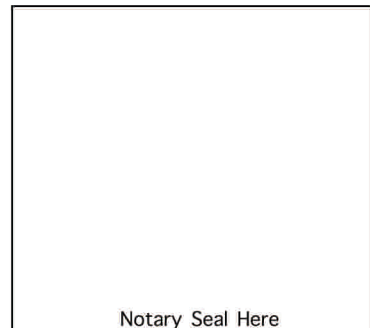
Notary's Name (Please Print)	Notary's Location (City, State, Country)	Commission Expires(MM/DD/YYYY)
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Before me, the undersigned, a Notary Public in and for said country and state on this _____ day of _____, 20____, Personally appeared the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year below written.

Notary Signature	Date of Notarization
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Address For Notice To CVBM:
CVBM
P.O. Box 706
Roanoke, Al 36274

Return This Form To Team Lead Or Mail It To:
CVBM
P.O. Box 706
Roanoke, Al 36274





Parent/Guardian Authorization Letter For Minor's International Travel

This form must be filled out even if minor will be accompanied on trip with parent(s) or guardian(s)

I/We, authorize the minor, _____, with passport
Minor's Printed Name
 number, _____ issued by the United States Of America on ___/___/___ and
Minor's Passport Number Passport Issued Date
 being born in _____ on ___/___/___ to travel to and within the territory of
City/State Minor's Birth Date

List The Country Or Countries Of Travel

as well as return to the country of residence, unaccompanied (If traveling from a different airport than the team leader) or under the responsibility of Chosen Vessel Baptist Missions.

I/WE HAVE FULL KNOWLEDGE OF THIS DOCUMENT'S LEGAL SIGNIFICANCE. I/WE AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS BOTH CURRENT AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

BEING THE PARENT OR LEGAL GUARDIAN OF THE MINOR NAMED ON THIS FORM, I FULLY GIVE MY PERMISSION FOR SAID MINOR TO TRAVEL, UNACCOMPANIED OR UNDER THE RESPONSIBILITY OF CHOSEN VESSEL BAPTIST MISSIONS, TO THE COUNTRY OR COUNTRIES STATED ON THIS FORM.

 Parent/Guardian #1 Signature

 Parent/Guardian #2 Signature

 Date

 Parent/Guardian #1 Printed Name

 Parent/Guardian #2 Printed Name

 Date

 Minor's Printed Name

 Date

Note To Notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.

 Notary's Name (Please Print)

 Notary's Location (City, State, Country)

 Commission Expires(MM/DD/YYYY)

Before me, the undersigned, a Notary Public in and for said country and state on this _____ day of _____, 20____, Personally appeared the identical person(s) who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year below written.

 Notary Signature

 Date of Notarization

 Notary Seal Here

Return this form to the Team Lead or 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: _____