**Water’s Edge Mission Trip**

**Team Application**

1. Location and Dates of Trip, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name **(exactly as it appears on your passport)**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

 Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

5. Marital Status: Single Married Gender: Male or Female

6. Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport expiration date: \_\_\_\_\_\_\_\_\_\_

7. Do you have any medical conditions, allergies or handicaps for which you need special provisions?

No Yes If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

8. Are you presently taking any medication? No Yes

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you prefer to stay: with a host family or in a hotel (if options are available) (circle one)

12. Why are you interested in participating in the mission trip?

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13. What do you hope to accomplish on the trip?

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Application and $200 deposit must be received by the established deadline. The $200 deposit is nonrefundable upon acceptance as a trip participant. This is not an extra charge and is credited toward the total trip cost. If applicant is not accepted for the trip, the $200 will be refunded.

Send applications and deposit check payable to Water’s Edge to:

Mission Trip Application

The Water’s Edge

19600 Harrison St

Gretna, NE 68028

Phone: 402-952-4473

**Please thoughtfully and prayerfully consider the following:**

I agree that if I am accepted as a member of Water’s Edge Mission Team:

1. I am willing to develop and maintain a **servant’s attitude.**

2. I will be a **team** member. We will be a team and not a group of individuals.

3. I will be **flexible, patient and cooperative**. Schedules and plans may change during the trip.

4. I will **respect** the team leaders and their decisions. I will refrain from complaining, and be creative and supportive.

5. I will be a **learner** and not a teacher. I will resist the temptation to inform about “how we do things” and be open to learning about their methods.

6. I will attend all **pre-trip planning and learning meetings** and **post-trip functions**.

7. I will **participate in fund raising projects** as a team.

8. I agree to pay a total of $\_\_\_\_\_\_\_\_\_\_\_, including the $200 deposit, as cost of this trip. This does not include the cost of my passport, meals after we leave the mission location (approximately four), cost of any necessary shots, or spending money.

9. I will pay the remaining balance as outlined by the team leaders.

I agree to the above terms.

10. If I am under the age of 21, I agree that I will not drink alcoholic beverages during the mission trip, regardless of the local drinking age in the country I am visiting. I will also abide by any curfew restrictions that are set by the leaders of the trip, and I accept the fact that I might be supervised by someone else on the trip who is at least 21 years of age.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**Agreement and Release of Liability**

I/We affirm that all Personal, Health, and Insurance information provided on this form is, to the best of my/our knowledge, accurate as of the date written below and understand that I/we are solely responsible for providing The Water’s Edge United Methodist Church (TWE) with any changes to the Personal, Health, and Insurance information that occur during the time this form is valid. (International Mission Trips: We recommend verifying insurance coverage is effective outside the United States with your insurance company.)

I hereby grant any of TWE mission trip leaders my permission to authorize medical treatment and medication on my behalf if I am unable to do so. I will not hold any of TWE mission trip leaders responsible for the results of such treatment, medications or decisions made on my behalf.

I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel\_warnings.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.

I waive any and all claims for damages against The Water’s Edge United Methodist Church, it’s pastor, employees, volunteers, mission trip organizers and leaders and congregation, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of The Water’s Edge United Methodist Church or mission trip leaders and volunteers which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I understand that this Release means that, among other things, I am giving up my right to sue for any such losses, damages, injury or costs that I may incur.

I have read this agreement and release in its entirety, understand its contents and agree to them of my own free will.

Participant Name Printed Participant Signature Date

Parent/Guardian Name Printed Parent/Guardian Signature\* Date

\*Parent/Guardian signature is required for all persons and participants under age 19 as defined by Nebraska Law as minor/dependent children and/or who are currently listed on their parent’s insurance plans.