



OAKS OF RIGHTEOUSNESS

Dear Sent One,

I am excited that you have heard the call “*Who will go for us?*” Please complete this form in its entirety with honesty and integrity. OAKS will keep all information confidential. Please return this form to:

Oaks of Righteousness Ministry
436 Aruba Ct.
Satellite Beach, Florida 32937

In Christ,
Cindy Heyne

Part I
Application for Short Term Mission Trip

Part II
Waiver, Release & Medical Authorization

Part III
Form Completion Checklist

- Completed Part I
 - Copy of Passport
 - Completed Part II
 - Copy of Insurance Card
 - Copy of Immunization Record
 - Signature
 - Notary Signature
 - Deposit payable to *Oaks of Righteousness*
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OAKS OF RIGHTEOUSNESS

Part I

Application for Short Term Mission Trip

This application is to assist the mission team in preparing your mission trip, getting your team ready in the states and overseas to make your mission trip the best it can be.

PERSONAL INFO

Name _____

Address street _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone _____ Email _____

Shirt size (S, M, L, XL) _____ Weight in lbs _____

Social Security # _____ Birth date _____ Age _____ Gender _____

Parent/Guardian Name (if under 19) _____ Relationship to you _____

Their Home Phone _____ Their Cell phone _____ Their Email _____

EMERGENCY CONTACT INFO

Emergency contact name _____ Relationship to you _____

Their Home Phone _____ Their Cell phone _____ Their Email _____

EDUCATION INFO

Education completed (Current Student, High School, College, Beyond College) _____

License number _____ State of issue _____ MD_RN_LPN_DMD _____

PASSPORT INFO

Passport number _____ Expiration date _____

Country of issue _____ Green card/visa number _____

Please send a color legible copy of your passport with this application

SPIRITUAL INFO

I have been a Christian for ___years

I am a member of _____church or Fellowship

Church address _____

My Pastor's name _____and phone number _____

My spiritual gifts are _____

I have been on _____mission trips in the US

I have been on _____mission trips over-seas to _____

I have these people praying for me and/or supporting me

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

I have these people as references:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Please write your testimony here, use another sheet of paper if necessary

Part II

Waiver, Release & Medical Authorization

All participants in 'church for the beach' events must have a signed and notarized Waiver, Release and Medical Authorization Form, including adults 19 years and older. Participants under 19 must have the authorized signature of a Parent/Guardian.

INSURANCE INFO

Medical Insurance Co.: _____ Group# _____ Policy#: _____
Company's address: _____ Company's Phone: _____
City: _____ State: _____ Zip: _____
Family Physician's Name: _____ Phone: _____

Please enclose a copy of your insurance card.

IMMUNIZATION INFO

I certify that I have received the following vaccinations and date of vaccination

Typhoid _____ Hepatitis A _____
Hepatitis B _____ Tetanus _____

I will obtain and take malarial prevention medication prescribed by my MD.

Please enclose a copy of your shot record

MEDICAL HISTORY INFO

Physical Limitations (i.e. asthma, diabetes, allergies, etc.), and/or special instructions (i.e. allergic to certain meds, rare blood type, wears contact lenses, etc.):

List **ALL** medication taken on a regular basis and/or any brought with you to the Event (note: prescription meds **MUST** have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

Note: The above is correct and the person herein described has permission to engage in all prescribed activities except as noted.

Consideration. I acknowledge the personal benefits accruing to me (my child) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Oaks of Righteousness, Inc., (OAKS) its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify OAKS for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to OAKS. OAKS, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Medical Emergency. In the event of injury or a medical emergency, I authorize OAKS group leaders, to be responsible for the medical care of my (or my child). It will be OAKS group leaders' responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I hereby give permission to medical personnel selected by the OAKS leaders to order X-rays, routine tests, and treatment for myself (or my child). In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the OAKS leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and hereby, release OAKS its directors, employees, agents, volunteers, and affiliates from any and all liability associated with participation in an event or related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from my (my child's) participation in all OAKS events. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in church events.

Additional Authorization Addendum – I acknowledge that during my (or my child's) participation in certain events that certain risks do exist. These include, but are not limited to, the hazards of being in a construction type setting, travel by personal automobile, public transportation, public hotels, the risks involved in recreation games/activities (including swimming) and those existing because of the content of the events. In consideration of this acknowledgement, I voluntarily have and do hereby, assume all risk associated with my (or my child's) participation in these events.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver, Release and Medical Authorization shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Copy of Original. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original.

I certify that all the above is true to the best of my knowledge.
I certify that I will respect the authority over me in Jesus Christ and the leader of Oaks of Righteousness as well as the team in the country where I go on mission.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.
THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Please check, which applies:

- Parent/Guardian
- Attendee 19 years of age and older

Signature: _____

Notary Information

The following is to be completed by the notary witnessing the participant's and/or parent/guardian's signature.

The State of _____ the County of _____
Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.

This form is valid for one year from the date of notary – Valid date _____