

Application for Short-Term Mission

Westlake Hills Presbyterian Church

Short-Term Trip Destination and Date: _____

Participant Information

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail: _____

Citizenship: _____ Passport No: _____ Exp: _____

****Please attach a copy of your passport with this application****

Driver License No (if driving): _____ Exp: _____

Do you have any physical, emotional, or dietary restrictions that need accommodation?

Do you have any serious allergies?

Emergency Contact:

Name:

Relationship to you:

Address:

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Assumption Of Risk and Release From Liability and Agreement

I have voluntarily applied to join a team from Westlake Hill Presbyterian Church ("WHPC") traveling to _____, during _____, 2006. In consideration of the sponsorship of this trip by WHPC, I hereby agree as follows: I understand that there are certain risks involved in participation in relief development and mission trips that could potentially cause harm to the participants. These risks may include, but are not limited to air, land and sea travel on vehicles that do not have the same safety features to which I am accustomed; exposure to germs and diseases in food and otherwise; interaction with people and cultures that have different health standards to which I am accustomed; higher incidences of crime; injuries incurred while performing physical tasks of relief and development; and political acts of terrorism.

I acknowledge that the stress of living in camp-like conditions and accommodations without access to many, or most, modern conveniences can cause fatigue and stress which may render participants more susceptible to contracting illness. Medical facilities available in the event of an emergency or illness may be below the standards to which I am accustomed or may not be available at all.

I accept all risks of injury, illness or death during this trip from any cause and waive any claim that could be made against WHPC for damages to property or injury, illness or death, which arise out of or relate in any way to my participation in the relief, development or mission trips sponsored by WHPC.

I, on my own behalf and on behalf of my heirs, assignees and legal representatives hereby release WHPC, its trustees, pastors, officers, session, employees and representatives and each of them, as well as volunteers, with whom I might be traveling and working from any and all claims, actions or demands I might or could potentially make arising from or relating to any injury or damage I suffer during this trip.

I represent that I have sought, or decided in my sole discretion, not to seek, medical advice on the necessity of inoculations or other health related matters concerning this trip and that WHPC has given no advice in this regard except to seek medical advice as I see fit.

I further acknowledge that WHPC is neither authorized by me, nor willing to make medical decisions on my behalf should I become incapacitated for any reason. I acknowledge that I have been advised by WHPC to make appropriate arrangements, if desired, to empower a designated person or persons to make medical decisions on my behalf in the event of my incapacitation.

I agree to observe all WHPC travel rules and acknowledge by my signature are below that I received a copy of any rules with respect to the trip described above, which applicable to me. I agree to comply with all instructions of WHPC group leaders. In the event that WHPC group leader determines in his or her sole discretion that it is necessary to terminate my participation in the trip. I agree to do so. I also understand that any activity taken outside the normal dates or scheduled activities for this WHPC sponsored trip will be entirely at my own risk.

I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Agreement will be construed, interpreted and governed by the laws of the State of Texas, and that this Agreement shall be binding upon me, my heirs, assignees and legal representatives.

Executed this _____ day of _____. 200__.

Print Name

Signature

Application for Short-Term Mission Trip (Staff)

Short-Term Trip Destination and Date: _____

Trip Leader: _____

Participant Information

Name: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

Cell Phone: _____ **E-mail:** _____

Position at WHPC: _____

How long have you been in this position at WHPC?

Why are you interested in going on this particular short-term mission trip?

Briefly describe the mission and ministry of which you will be a part during the trip.

What do you hope to learn? What contribution do you hope to make? How might this tie-in to your current position?

Please describe any previous mission or cross-cultural experience.

Financial Information

Total cost of the trip:

Support requested from WHPC:

Signature: _____ **Date:** _____

Return to:

Pastor Carol Friesen

7127 Bee Caves Road

Austin, Texas 78746

512-327-1116 Fax: 512-328-4238