

MISSION TRIP APPLICATION

Trip for which you are a	pplying:			
Dates of trip:				
Do you have full COVID The Board of Trustees requ	vaccination? Yes		ith The Outrea	ch Foundation.
(Note: your passport sh		NFORMATIOI six months beyo		date of the trip.)
Name as it appears on pa	ssport:			
Name you prefer to be ca	alled:			
Home Address:				
City:		State:		Zip:
Home Phone:		Cell Phone:		
Email Address:				
Home Church/City/Den	omination:			
Passport #:	Date of Birth:		Place of Birth	:
Date of Issue:	Date of expiration:		Place of Issue	:
Please describe your cur	rent or recent employme	nt and/or volun	teer activities.	
Have you gone on short-	term mission trips before			
	ission/vision trips are de mind, how might your pa gation (and/or Presbyter	rticipation in th	is trip impact y	

EMERGENCY CONTACT

Contact's name:					
Contact's relationship to you:					
Address:					
City:	State:	Zip:			
Daytime Phone #:	Evening Phone	#:			
Cell Phone #: Email address:					
CONFIDENTIAL MEDICAL INFO	ORMATION FOR O	UTREACH USE ONLY			
Do you have physical/emotional health issue	s Outreach should kno	ow about if you travel with us?			
In case of a health emergency, please list prese	cription medications v	ou are taking.			
Do you snore heavily or are you a light sleepe helps us to make appropriate pairings.)	er? (You are likely to h	ave a roommate, and this info			
D 1 1:4 4:4: 216	1 . '11 1. 1				
Do you have any dietary restrictions? If so, w	nat will you need to d	o to provide for your needs?			

WAIVER OF LIABILITY AND EMERGENCY AUTHORIZATION

I am participating	in The Outreach Foundation mission trip on	(dates)
of my own free will a	nd understand that I should not participate unless I am physically	y and
medically able. In con-	sideration of The Outreach Foundation allowing me to participat	e, I assume full
and complete respons	ibility for any injury, accident or illness that may occur while I a	m traveling to
or from	(departure city) and durir	ng my travel to
		(destinations).
I give any licensed	, practicing physician or hospital full authority to provide emerge	ency medical
treatment for me in th	ne event such treatment is needed or necessary and I am not able	to make such
a decision. I also hereb	by give my permission for a licensed, practicing physician to adm	inister
whatever medical trea	atment he/she may deem necessary for me in the event of any m	nedical
emergency affecting r	ne.	
I understand that a	any expenses that are incurred by me due to accident or illness a	re my
responsibility and not	the responsibility of The Outreach Foundation. I also am aware	of and assume
all risks associated wit	th participating in this mission trip. I, for myself and my heirs an	d executors,
hereby waive, release	and forever discharge The Outreach Foundation, its trustees and	d staff, its
agents, representative	es, successors and assigns, and all other persons associated with th	ne mission trip,
for any and all liabilit	ies, claims, actions, damages, costs and/or expenses that I may ha	ve against
them arising out of or	in any way connected with my participation in this mission trip	. I understand
that this waiver inclu	des any claims, whether caused by negligence, the action or inac	tion of any of
the above parties, or o	therwise.	
Signature		
Name (printed)		
Date		

Please return to: Carol Dublin The Outreach Foundation 381 Riverside Drive, Suite 110 Franklin, TN 37064

READ CAREFULLY BEFORE APPLYING TO TRAVEL

<u>Passports and Visas:</u> Individuals participating in Outreach Foundation trips are often required to have a Visa for entry in any given country. Please note that The Outreach Foundation will need possession of your passport for visa processing, perhaps for as long as three weeks. If you are traveling abroad in close proximity to an Outreach Foundation trip, you may need to apply for a duplicate passport. Consult with Outreach staff on this matter. Once visa processing is completed, individual travelers are responsible for checking their passport to ensure that the travel dates in their visa accurately reflect the travel dates of the trip.

<u>Credit cards:</u> When credit cards are used to pay The Outreach Foundation for trip-related expenses, a 5% surcharge will be added to defray the cost of related fees and expenses.

<u>Personal side trips:</u> Individuals planning personal travel in conjunction with an Outreach trip are responsible for coordination and payment regarding all travel plans (airfare and ground itinerary) for the personal portion of the trip. In addition, any expenses, travel delays, or other unexpected occurrences that arise during a personal portion of a trip are not the responsibility of The Outreach Foundation.

<u>Insurance</u>: Individuals participating in Outreach Foundation trips must have medical insurance that provides adequate coverage while they are traveling. Participants should review the provisions of their own policy and contact their insurer to determine whether or not they should obtain additional personal coverage for the duration of the trip. Uncovered expenses that are incurred by trip participants due to accident or illness – including medical costs, airline change fees, and medical evacuation – are the responsibility of the participant, not The Outreach Foundation. The Outreach Foundation does not provide trip cancellation or other travel insurance coverage, and travelers should decide for themselves if they wish to obtain such coverage.

<u>Inoculations and Medications:</u> Outreach Foundation trips often venture into areas of the world posing special health risks. Trip participants should review the travel health advisories on the Centers for Disease Control and World Health Organization websites and should consult with their own physicians or an international travel clinic to make informed decisions about inoculations and medications. The Outreach Foundation does not offer medical advice but will make it clear when inoculations are <u>required</u> for entry into a country on the itinerary. Participants shall notify Outreach of medical conditions and prescriptions that they are taking to ensure the availability of that information in case of a medical emergency. Full COVID vaccination is required for all travel with The Outreach Foundation.

<u>Deductibility:</u> The Outreach Foundation issues tax receipts for payments made by individuals for the cost of that individual's participation in one of our mission trips; however, in so doing The Outreach Foundation is not giving tax advice. Each individual should contact their personal tax advisor to evaluate their situation and determine the deductibility of trip expenses. If side trips or add-ons are recreational in purpose, the cost of those portions are clearly NOT tax-deductible, and participants should pay those costs directly to the travel agent. The IRS is very clear that one individual may not pay the cost of another individual's travel, whatever the purpose, and deduct that amount on their income tax return. If someone wants to help with your travel expenses, they should give those funds directly to you.

Payment schedule ASAP \$150 deposit to hold your place

60 days before departure ½ total cost 30 days before departure balance due

<u>To apply</u> to travel with The Outreach Foundation, please return the following items to the address below:

- 1) completed application (pages 1-3), including Waiver of Liability form
- 2) two copies of the photo/information page from your passport
- 3) \$150 non-refundable deposit (will be returned if we are unable to approve your application)

The Outreach Foundation 381 Riverside Drive, Suite 110 Franklin, TN 37064