

## MISSION TRIP APPLICATION

Trip for which you are a	pplying:		
Dates of trip:			
Do you have full COVID	vaccination? Yes	No	
The Board of Trustees req	uires full COVID vaccinatio	n for all travel wi	th The Outreach Foundation.
(Note: your passport sh		NFORMATION six months beyo	N nd the return date of the trip.)
Name as it appears on pa	assport:		
Name you prefer to be c	alled:		
Home Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Home Church/City/Der	nomination:		
Passport #:	Date of Birth:		Place of Birth:
Date of Issue:	Date of expiration:		Place of Issue:
			eer activities.
	-term mission trips before		
the world. With that in	<del>-</del>	rticipation in thi	followers of Christ in his work in s trip impact you, and how might arn?

## **EMERGENCY CONTACT**

Contact's name:				
Contact's relationship to you:				
Address:				
City:	State:	Zip:		
Daytime Phone #:	Evening Phone	e #:		
Cell Phone #: Email address:				
CONFIDENTIAL MEDICAL INF	ORMATION FOR (	OUTREACH USE ONLY		
Do you have physical/emotional health issue	es Outreach should kr	now about if you travel with us?		
In case of a health emergency, please list pres	cription medications	you are taking		
in case of a ficulty entergency, picase not pres				
Do you snore heavily or are you a light sleepe helps us to make appropriate pairings.)	er? (You are likely to l	nave a roommate, and this info		
Do you have any dietary restrictions? If so, w	hat will you need to o	do 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 and understand that I should not participate unless I am physica	ally and
medically able. In consideration of The Outreach Foundation allowing me to particip	pate, I assume full
and complete responsibility for any injury, accident or illness that may occur while	I am traveling to
or from (departure city) and du	ring my travel to
	(destinations).
I give any licensed, practicing physician or hospital full authority to provide eme	rgency medical
treatment for me in the event such treatment is needed or necessary and I am not ab	ole to make such
a decision. I also hereby give my permission for a licensed, practicing physician to ad	minister
whatever medical treatment he/she may deem necessary for me in the event of any	medical
emergency affecting me.	
I understand that any expenses that are incurred by me due to accident or illness	are my
responsibility and not the responsibility of The Outreach Foundation. I also am awar	re of and assume
all risks associated with participating in this mission trip. I, for myself and my heirs a	and executors,
hereby waive, release and forever discharge The Outreach Foundation, its trustees a	and staff, its
agents, representatives, successors and assigns, and all other persons associated with	the mission trip,
for any and all liabilities, claims, actions, damages, costs and/or expenses that I may l	have against
them arising out of or in any way connected with my participation in this mission tr	rip. I understand
that this waiver includes any claims, whether caused by negligence, the action or in	action of any of
the above parties, or otherwise.	
Signature	
Name (printed)	
Date	

Please return to: Carol Dublin The Outreach Foundation 381 Riverside Drive, Suite 465 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 465 Franklin, TN 37064