

MERGE – VISION TRIP YOUTH LEADERS ATTENDEE PACKET

We are so glad you are joining us on a vision trip! We are confident God will do great things through you.

Please review and complete the following forms and turn them in as soon as possible.

- 1) Individual Participant Form
- 2) Hold Harmless and Indemnity Agreement
- 3) Volunteer Release Memo
- 4) Medical Insurance Coverage
- 5) Copy of Passport Page

Email forms to: merge@covchurch.org

OR

Please mail completed form to:

MERGE

c/o Serve Globally

8303 W. Higgins Rd.

Chicago, IL 60631



The Evangelical Covenant Church
SERVE GLOBALLY

Individual Participation Form

Vision Trip Location: _____

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email: _____ Home Phone: _____

What is the best way to contact you? E-mail Text Skype Phone

Gender: Male Female Date of Birth: _____

Citizenship: _____ Marital Status: _____

Occupation: _____

Church Name and Address: _____

Describe any prior mission/outreach experiences in which you have participated:

Describe any prior mission/outreach experiences you have led:

Hold Harmless and Indemnity Agreement

I, of the city of _____, state of _____ shall be traveling with The Evangelical Covenant Church and/or Merge from _____ to _____, 20 _____, for the purpose of

_____ hereafter referred to as the Activity.

I understand and agree that neither the Evangelical Covenant Church, Merge, nor its trustees, representatives, employees, and agents may be held liable in any way for an occurrence in connection with the Activity which may result in injury, harm (including death), or other damages to the person or property of the undersigned or members of our organization and guests, including minors, invited or not. Rather, I agree that our Organization alone shall be responsible for any property damage, personal injury or death that may occur during our travels.

As part of the consideration for participating in the Activity, I, _____, release the Evangelical Covenant Church, Merge, its trustees, employees, agents, offices of and representatives from any claim for damages, injury, death, or loss of any kind, which may occur while participating in the Activity. I, _____, further agree to save and hold harmless the Evangelical Covenant Church, Merge, its trustees, employees, agents, or representatives from any claim arising out of or participation in any form or fashion in the Activity. This agreement shall be binding on my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the Church and its successors, employees, agents, officers, and assigns.

I understand that in the unlikely event of the fatality of a mission trip participant during the trip, the Evangelical Covenant Church, the local international church, the sending church/organization and the US Department of State will be involved in working to have the remains returned to the USA or Canada as quickly as possible. In extremely rare circumstances this may not occur due to various reasons. I, or any of my relatives, will not hold the Evangelical Covenant Church liable if remains are not returned.

The Evangelical Covenant Church is headquartered in the State of Illinois, and in order to provide certainty in the law to be applied to the construction of their agreement, this agreement shall be governed, construed, and enforced in accordance with the law of the State of Illinois.

I understand the terms of this agreement are contractual and not mere recital; and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the content of this agreement and release by reading it before I signed it.

I have executed this Hold Harmless and Indemnity Agreement this _____ day _____ of, 20 _____.

BY:

Participant Signature: _____

Witness Signature: _____

for participants under 18 years old,

Parent Signature: _____

Visitor Release Memo

It is important that all volunteers be aware of risks, and use good safety procedures on the trip.

Some areas you visit may have unusually high risks of unsanitary food or water, disease, civil disturbances, or crime. International travel brings with it the potential for inherent dangers. We ask that all participants be good stewards of your health and safety. Be prepared for any risks that you may encounter. Participants, churches, and agencies should talk directly about risks and precautions and not rely on Merge for advice.

Persons on vision trips are not employees or contractors and are not covered by any Worker's Compensation Insurance or accident or group health or life insurance supplied by the church or agency they are serving. Each person should obtain any needed insurance. If traveling outside your own country, make certain that you have appropriate medical insurance coverage in effect outside your country.



Volunteer Release Form

I acknowledge that I am a volunteer and not an employee or contractor.

I have a responsibility to obtain my own insurance, if needed.

I also have a responsibility to find out about potential risks and take necessary precautions.

I release Serve Globally and any church that is sending or supporting me, the church or agency I am serving, and their employees and agents, of any liability for any injury to me in my volunteer work.

Adult Signature

Date

Print Name

Church

Dates of Trip

Location of Trip

FOR PARENTS OR GUARDIANS: Fill out trip information above and sign below.

On behalf of my minor child, for whom I am responsible, named

_____, I acknowledge this release.

Adult Signature

Date

Print Name



Medical Insurance Coverage

Current Policy

Vision Trip Member _____

Insurance Company _____

Company Address _____

Phone Number _____

Name of Insured/

Relationship to Insured _____

Policy Number _____

I have checked with my insurance company and my current health insurance does cover the trip to _____ for which I have been accepted.

I have checked with my insurance company, and my current health insurance does not cover the trip to _____ for which I have been accepted.

If your insurance does not cover your trip, you can purchase travel insurance for coverage during the time away.

