

ORPHANNetwork

Trip Application

Personal Information

Group Name (i.e. Church, School, etc.): _____

Full name (as appears on passport): _____

Parent/Guardian name (if under 18): _____

Address: _____

City: _____ St: _____ Zip: _____

Phone (primary): _____ Email: _____ Male / Female

Date of Birth: _____ Passport Number: _____ Date of Expiration: _____

ORPHANNetwork is a 501(c)(3) nonprofit and Christian missions organization. Our values are:

- To honor God and demonstrate the love of Christ in everything we do.
 - To work with indigenous partners in accomplishing our mission.
 - To operate with complete integrity.
 - To equip and empower individuals to be meaningfully engaged in overseas missions work.
- We require all applicants to read the ORPHANNetwork missions manual prior to applying for a short-term mission trip. In order to ensure the safety of each trip participant, to stay focused on service during the trip, and to honor our host partners and maintain cross-cultural sensitivity, we have a policy of no drugs and no alcohol consumption. Depending on the nature and severity of a policy violation, trip participants will be required to notify a parent (if they are a minor) and/or be sent home at his/her expense.

I agree to read the ORPHANNetwork missions manual and agree to adhere to the trip policies.

Signature of trip participant:

Signature of parent/guardian (if trip participant is a minor):

Date: _____

Medical Information

Physician's Name: _____

Phone: _____ Fax: _____

Health Insurance Information: Carrier (Company Name) & Policyholder (i.e. parent, or self): _____

Policy #: _____ Phone: _____

As a part of the trip cost, ORPHANetwork provides secondary insurance for each trip participant regardless of health insurance coverage, in the case that your health insurance does not provide emergency medical coverage while you are abroad, or provides inadequate coverage.

Date of last tetanus shot: _____

Do you have any health related situations that we need to know about or that could necessitate your returning home? If yes, please describe:

Do you require any daily medication regularly? If yes, please describe:

Medical Requirements

The U.S. Government does not require any specific inoculations for travel to Nicaragua. However, we recommend that you have an up-to-date tetanus shot and that you talk with your physician about any medical questions you may have before traveling.

The Centers for Disease Control (CDC) recommends being vaccinated for the following:

Hepatitis A, Hepatitis B, Typhoid

And that you have already received booster doses for:

Tetanus Diphtheria Measles

If you have not been immunized or received the above booster doses, you should discuss with your doctor and plan to be vaccinated 4–6 weeks prior to traveling. For additional information on recommended international health precautions, contact the

CDC's International Travel Hotline at 888-232-4636 or visit their website at www.cdc.gov and go to the "Travelers' Health" section for more details. You should bring any prescribed medications as well as any over the counter drugs you may need. **Always consult with a physician before taking any medication.**

Emergency Contact Information

Name: _____ Relationship: _____

Best phone numbers to reach them: (1) _____ (2) _____

Email: _____

Skills Information

Please check all specialized skills that apply to you and that you would willing to use on your trip:

- Child Development
- Computers
- Cooking
- Drama
- Leadership
- Medical
- Music/worship
- Parenting
- Photography
- Psychology
- Sports
- Spanish Speaking
- Teaching
- Engineering
- Construction (circle all that apply): Electrical || Carpentry || Plumbing

Any other skills or Medical Training? : _____

CONSENT, RELEASE, COVENANT NOT TO SUE, HOLD HARMLESS, AND INDEMNITY AGREEMENT

This consent, release, covenant not to sue, hold harmless, and indemnity agreement is made on the date recited below, between (1) the Signer (both as an adult on his or her own behalf, and as the parent or legal guardian of any minor(s) identified below) and (2) ORPHANetwork, a nonprofit corporation.

The Signer acknowledges that ORPHANetwork is a nonprofit Christian ministry committed to helping orphans and other underprivileged children in Nicaragua reach their God-given potential. A small number of loving and dedicated ORPHANetwork staff members, supported by volunteers, accomplish what they can in a third world country with very limited resources.

The Signer wishes to participate, or as parent or legal guardian wishes the minor(s) below to participate, in an ORPHANetwork mission trip to Nicaragua, during which they can observe and take part in all such activities, including travel to and from the destination. The Signer acknowledges that ORPHANetwork has devoted effort and resources, and incurred expenses, in organizing and preparing for this mission trip, and that those traveling to Nicaragua will have the opportunity not only to help the children there, but also to personally benefit from the fulfillment, satisfaction and overall experience of being part of such a worthy cause.

The Signer acknowledges receipt and sufficiency of the foregoing and other valuable consideration, and further acknowledges that it is fair and reasonable for ORPHANetwork to require certain legal protections, set forth below, as a prerequisite to permitting mission trip participation by the Signer, and/or the minor(s) on whose behalf this document is signed.

Accordingly, the Signer, on behalf of himself/herself and any minor(s) identified below, as well as on behalf of their respective agents, employees, representatives, heirs, executors, predecessors, successors and assigns:

hereby gives his/her consent and permission for himself/herself, and/or the minor(s), to participate in all activities of the mission trip, and in the event of illness or injury, gives consent for ORPHANetwork to obtain or arrange for whatever medical care and treatment, including transportation, that ORPHANetwork may in its sole discretion deem appropriate, and Signer agrees to pay all charges in connection with such care and treatment (Signer acknowledges that an illness or injury requiring return by air ambulance can cost in excess of \$10,000 for transportation alone);

hereby releases, relinquishes and discharges, covenants not to sue, and agrees to indemnify and hold harmless ORPHANetwork, and its directors, officers, agents, employees and volunteers, and their respective predecessors, successors and assigns, from any and all claims, actions, demands, costs, expenses, liabilities and judgments whatsoever, including attorneys' fees and costs, which might arise, or be alleged to arise, directly or indirectly, out of or in connection with participation in the mission trip by the Signer or any minor(s) identified below; and

hereby agrees to indemnify and hold harmless ORPHANetwork for any damage, injury or loss caused to ORPHANetwork or others by the Signer or any minor(s) identified below, and agrees to be financially responsible for and to pay for or reimburse ORPHANetwork for any such damage, injury or loss, including any cost of transportation in the event that ORPHANetwork deems it necessary, in its sole discretion, to send home the Signer or any minor(s).

This instrument is intended to protect ORPHANetwork from liability, whether the same arises in whole or in part from the ordinary negligence of ORPHANetwork, or the ordinary negligence, gross negligence, or willful misconduct of the Signer or any minor(s) identified below, or any third party claiming by or through them, and whether such is the sole or concurrent cause of any bodily or emotional injury, property damage or death.

The policies, rules and regulations of ORPHANetwork are expressly designed to ensure the safety of each participant in mission trips, and to maintain the high degree of Christian integrity required to minister effectively. The enforcement of all aspects of these policies, rules and regulations is within the authority of the ORPHANetwork staff, which includes the Executive Director, team leaders and mission advisors. ORPHANetwork reserves the right to send any participant home who shows disregard for the organization's policies, rules or regulations.

Printed name(s) of Minor(s) (under age 18):			
Printed name of signer:			
Signature of Signer:		Date:	

We routinely register our guests with the Nicaraguan US embassy.

**Upon completion of this document,
please return to your leadership team.**