

# Disciple Makers

## Short-Term Mission Trip

Thank you for your interest in participating in a short-term mission trip with Disciple Makers. We would like to ask that you take time to read all of the attached pages and fill out all of the necessary forms. This is your first step in helping us have a successful and rewarding mission experience.

It is necessary for each person who will be traveling with Disciple Makers to have the following forms filed with our stateside office:

- 1) **Authorization, Release, and Indemnity Form**
- 2) **Short-Term Participant Registration Form**
- 3) **Parental Authorization Form** (if under the age of 18)

Along with these forms, each registrant must attach a photocopy of his/her passport (photo page only). All forms, photocopy of your passport, and your deposit are due to your **GROUP LEADER** on the date listed below. PLEASE mark these important dates on your calendar. Observing these dates will make the preparation of our trip go much smoother. If you are uncertain about any information, please contact us at (859) 491-2620.

### Short-Term Mission Trip Location:

Group Leader:

Phone:

Deposit \$ \_\_\_\_\_ (\*see note below)

Deposit, Forms & Photocopy of Passport Due: \_\_\_\_\_

1st Payment of \$ \_\_\_\_\_ Due: \_\_\_\_\_

2nd Payment of \$ \_\_\_\_\_ Due: \_\_\_\_\_

3rd Payment of \$ \_\_\_\_\_ Due: \_\_\_\_\_

If you are under 18, your parents or legal guardian must fill out and sign the Parental Authorization Form).

\*Please note that if you decide to cancel your trip to for any reason, there is a \$100 non-refundable fee that will be assessed. Depending on the time of your cancellation, other penalties may apply. Contact Disciple Makers at (859) 491-2620 for further details.

**\*\* KEEP THIS PAGE FOR YOUR RECORDS**



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## **AUTHORIZATION, RELEASE AND INDEMNITY FORM**

As always, Disciple Makers will do all that is within our power to provide a safe and enjoyable trip for you. However, in spite of all of our efforts to do so, there is always the possibility that someone may sustain injury or become ill while in the country/countries where they are serving. Matters simply exist over which we have no control. Accidents happen. In providing you the opportunity to visit the country/countries listed below, we trust you are aware of this possibility and will not hold Disciple Makers liable should the unexpected occur. To protect the ministry as much as possible, we ask that you carefully read this Authorization, Release, And Indemnity Form, then sign and return it to us with your deposit and other documents.

I understand that I am visiting the country/countries listed below as a guest of Disciple Makers and that my actions will reflect the work and efforts of this ministry, therefore I will display the attitude of a servant and guest throughout my visit to the country/countries listed below.

I completely understand and fully acknowledge that there are physical risks and dangers to my person and property inherent in travel to, within, and returning from the country/countries listed below. Nevertheless, I waive and release any and all right, claim, or cause of action which may arise against Disciple Makers Inc. due to any risk or danger, including property loss, injury, sickness, death, or being taken hostage, or for any other reason.

If I need medical care while participating in a mission trip to the country/countries listed below with Disciple Makers Inc., I hereby authorize Disciple Makers Inc., and its duly authorized agents to secure any and all available medical attention, including surgery, and authorize them to sign on my behalf any and all permission forms, etc.

**I have carefully read this authorization, release and indemnity form. I am aware that this is a waiver and a release of liability, and I sign it voluntarily. I realize that when I sign this form and make the decision to participate in a mission team with Disciple Makers Inc. that I have made a covenant to respect and abide by the policies of Disciple Makers, Inc.**

**Country/Countries where I will perform short-term mission work:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by (Print):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



(office use only) Trip Location & Dates: \_\_\_\_\_

# Disciple Makers

## INDIVIDUAL SHORT-TERM APPLICATION FORM

Please Print Clearly

(use your name as it appears on your passport)

Last Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Name you go by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business or Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

Passport # \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

How often do you attend church? *Every Week* *Once a Month* *Occasionally* *Never* **(circle one)**

What Church do you attend? \_\_\_\_\_

Is this your first mission trip? *YES* *NO* (circle one)

Please list **any** skills or abilities you have that might be used on this trip: (Singing, preaching, crafts, carpentry, electrical, etc.)

How did you hear about Disciple Makers?



**INDIVIDUAL SHORT-TERM APPLICATION FORM**  
(continued)

Indicate the person you would like us to notify in case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

List any health problems or concerns that we need to be aware of:

Any known allergies:

Prescription drugs you are taking:

Blood type: \_\_\_\_\_

Have you had a tetanus shot in the last 5 years? *YES*      *NO* (circle one)  
*If you answered "No" will you have a tetanus shot before your travel?* \_\_\_\_\_

Please list any First Aid Training that you have had:

# PARENTAL AUTHORIZATION FORM

(if under age 18)

To Whom It May Concern:

I/We the undersigned parents or legal guardians of the minor listed below:

(Minor's name) \_\_\_\_\_

(Birth date) \_\_\_\_\_

have given my/our permission to Disciple Makers Inc. and the group leader/s to take our young person out of the United States, and into Honduras during the dates of:

\_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

The above mentioned minor is a member of a short term mission team from:

\_\_\_\_\_  
(Church, School etc.)

Furthermore, while on this trip we authorize the team leaders to seek any necessary medical care should the above mentioned minor experience any illness or accident.

Dated this \_\_\_\_\_ of \_\_\_\_\_ of the year \_\_\_\_\_  
(day) (month) (year)

at \_\_\_\_\_,  
(city) (state)

Father (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Mother (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

(required)  
Witness (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_