



Office Use Only	
Date App Rec'd	_____
Date Deposit Rec'd	_____
Amount	_____ Check or Cash
Check #	_____

Short-Term Mission Trip Application

Nicaragua, Central America Trip Date: _____

Trip Team/Church Name: _____

Application: Print name as it appears on your passport.

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone _____ E-Mail: _____

Occupation: _____ T-Shirt Size: S M L XL XXL

Citizenship: _____ Country of Passport Issue: _____

Passport #: _____ Exp Date: _____

Do you speak another language? Y - N If so, what language? _____ Are you fluent? Y - N

List any special skills you feel you can bring to the trip, such as photography, writing, language skills, construction, medical, teaching, preaching, children, cooking, etc.

List previous international travel experience, if any: _____

Describe your state of physical fitness (include any physical limitations, etc.): _____

Emergency Contact Information:

Name: _____ Relationship _____

Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please complete the above application for each trip participant and return to LifeLink International, PO Box 354150, Palm Coast, FL 32135, with a \$100.00 nonrefundable deposit per person. This application along with your deposit will secure your short-term mission trip reservation.

Date: _____ Signed: _____

(Trip Participant Must Sign & Date)

Office Use Only
Trip Destination _____
Date of Mission Trip _____
Team Leader _____



Release of Liability

(Must be filled out by each team member and given to the team leader at least 4 weeks before trip)

In signing this form I _____ agree not to hold LifeLink International Inc., it's officers, employees or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their short-term volunteer missions trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume ant such risks that might result from my travel to a foreign country, and I unconditionally agree to hold LifeLink International Inc., it's officers, employees or other agents blameless for ant liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I have carefully read the forgoing and I understand that my signature below releases and holds LifeLink International Inc.; it's officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Emergency Contact Information

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Print Participant Full Name _____ Signed _____ and date this _____ day of _____ 200____ STATE OF: _____ COUNTY OF: _____ On this _____ day of _____ before me personally appeared _____ _____ to be known to be the person(s) who executed the above release of liability, and acknowledged that he/she/they voluntarily executed the same. NOTARY PUBLIC Date of expiration of Notary Commission _____ Notary Seal _____
