



Informed Consent/Liability Release

International Trip Information

Date(s) and location of travel: _____

I, _____ (participant), in consideration of my voluntary participation am aware, understand and agree to the following terms:

- Some activities planned may be physically demanding and potentially dangerous and may present a potential risk of physical injury. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
- I grant to any of the Church at Viera leaders or their representatives the right to represent me in decisions relating to my safety and welfare or the group welfare during this trip. I will follow the suggestions made on my behalf.
- I understand that all of the program activities are strictly voluntary and the administrative role that Church at Viera plays in putting together our trips. I also understand that the trip will be handled by representatives of Church at Viera.
- I am aware of the hazards and risks to myself and property associated with this trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel_warnings.html. These risks include but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.
- I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in this event and/or performing my assigned duties which may include long hikes, high altitude, heat, limited and infrequent meals. I willingly assume all risk of physical injury and emotional dissonance which may occur during transportation during or after participating in any aspect of the trip. I am aware of the disease risks associated with international travel and I accept these risks.
- I waive any and all claims for damages against Church at Viera, Church at Viera leaders or their representatives, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this trip for any reason including but not limited to any negligent act or acts of Church at Viera, Church at Viera leaders or their representatives which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. Should Church at Viera or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold Church at Viera harmless for all such fees and costs.
- I have read this release in its entirety, understand its contents and agree to them of my own free will.

Participant signature _____ Date _____

By typing your name in the signature field, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By selecting "Submit" using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You also confirm that you are the individual authorized to enter into this Agreement.



Impact Team Application/Release

Full Name (as it appears on your passport): _____

Address _____ Apt. # _____ Passport # _____

City _____ State _____ Zip _____ Expiration Date _____

Home Phone (_____) _____ Date of Birth _____

Cell Phone (_____) _____ E-Mail Address _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relation: _____

Phone Number: H (_____) _____ W/C (_____) _____

FAMILY PHYSICIAN:

Name: _____

Address _____ Unit # _____

City _____ State _____ Zip _____ Phone: (_____) _____

INSURANCE:

Name of insurance company: _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____

Policy Holder: _____ Policy Number: _____

Type of Plan: Group Individual Date of last tetanus shot: ____/____/____

ALLERGIES: _____

Any drugs/medication? Yes No

If so, please indicate: _____

Any medical issues the team leader should be aware of? If so, please explain _____

Other issues: _____

Release Agreement

I hereby grant any of the Church at Viera leaders or their representatives my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Church at Viera leaders or their representatives responsible for the results of such treatment, medications or decisions made on my behalf. I also give permission to their staff and volunteers, any health care providers and emergency medical professionals to share my health information with each other in order to provide emergency medical treatment. By doing this I realize I'm waiving my privacy rights according to the HIPAA Act. I also understand that my insurance is primary in any and all claims, and that the sponsoring church group becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

Participant signature _____ Date: _____

By typing your name in the signature field, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By selecting "Submit" using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You also confirm that you are the individual authorized to enter into this Agreement.

CAV Sponsored Short-Term Impact Teams

Financial Policies and Procedures

- Individuals participating as a member of a short-term mission team sponsored by CAV will be responsible and accountable for raising the amount of money required for their personal travel, daily living expenses, and their portion of general team expenses that are necessary for the team to fulfill their ministry. Failure to meet the financial requirements as outlined in these financial policies and procedures may result in a person not being able to participate in the impact trip.
- In the case of team or individual overages, no funds may be transferred to any volunteer on another mission trip. No excess funds will be refunded to donors.

The following guidelines will direct fundraising:

- All participants are asked to agree with the fund raising policies established for the Impact Trip.
- Participants are encouraged to speak personally to or send support request letters to family and friends. While it is permissible for participants to individually approach or send letters to CAV members who are close personal friends, appeals for funds should not be made to organized groups nor should any church mailing list be used for fundraising.
- All support letters are to be sent with the express purpose of soliciting contributions for expenses directly related to the impact trip only. Contributions donated through CAV on behalf of an individual will be applied only to the announced cost of the trip unless the total amount raised exceeds the announced cost of the trip.
- Each participant is expected to submit the required trip deposit no later than the announced deadline.
- Each individual is personally responsible for the payment of any fees and expenses for the following:
 - Passport and passport photos
 - Visas
 - Immunizations
 - Personal items such as clothing, toiletries, prescriptions, etc.
- Family members who are participating on the same team can elect to either send individual fund raising letters or they can send joint letters requesting support for both individuals. Contributions will be credited based on the designation of the donor. If the designation is for both, the amount will be divided equally. The account for each individual will be considered independently and all financial policies will apply to each individual.
- The designated team leader will review the financial status of each individual and the team prior to purchasing the airline tickets to ensure that adequate funds are available to cover the expenditure. The following policies and procedures will apply:
 - Each individual should have raised at least 50% of the trip cost (or the cost of the airline ticket if more than 50%) by the non-refundable purchase date for airline tickets.
 - **An airline ticket will not be purchased for those individuals who have not raised at least 50% of their funds (or the cost of the airline ticket if more than 50%) by the non-refundable ticket purchase deadline.**

Refund Policy:

- At the time that the team participant makes a deposit or payment for his/her trip, or when individuals make a contribution on behalf of a team member, the Contribution form must be submitted with the donation.
- The gift will be treated as tax deductible. As such, the donation cannot be refunded for any reason, even if the team member fails to make the trip.