



# 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](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.
- Anyone under 18 years of age must be willing to pay their own way and have a parent or assigned guardian also participating in the trip.
- I, the parent/guardian as signed below, give Church at Viera permission to use photographs and video taken of myself or my child during time spent at Church at Viera, or its affiliates including off site activities, without monetary or supplemental gain for myself, my heirs, family members, executors, or administrators.
- I have read this release in its entirety, understand its contents and agree to them of my own free will.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If the participant is under the age of 18, their parent or guardian must sign below.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for said state, personally appeared

\_\_\_\_\_ known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_



# 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 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 or my child's health information with each other in order to provide emergency medical treatment. By doing this I realize I'm waiving my or my child's 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: \_\_\_\_\_

**\*If the participant is under the age of 18, their parent or guardian must sign below.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# FUNDRAISING INFORMATION

1. Create a list of donors with names and addresses. Letters may be sent to close, personal friends and family members who are members of Church of Viera. No church mailing list should be utilized, nor should appeals be made to organized groups of Church at Viera.
2. All checks are to be made payable to Church at Viera. Checks should not be made out to you personally. The donor should write your name and trip destination on the "for" line to insure that you get credit for the donation towards your trip expenses.
3. In your letter, be sure to indicate the date by which you need these funds to be donated. That date should come at least 2-3 weeks prior to the non-refundable airline ticket purchase date.
4. About cash donations:
  - Cash is to be placed in an envelope with the donor's name and address clearly printed on the front along with the name of the recipient and the trip he or she is going on.
  - Do not deposit the money into your account or write a personal check to Church at Viera for cash given to you.
5. You may want to include self-addressed donor envelopes with your letters. If so:
  - Place your Mission Trip and date of the trip in the bottom left hand corner on the back of the envelope.
  - Your name should appear on the back bottom right hand corner of the envelope. This is a safeguard for you and better helps us properly credit the gift in the event no designation is placed on the check itself.
6. **With each letter you send, it is essential that you include a copy of the Mission Trip Contribution Form** included at the bottom of your letter for donors to complete and return with their donation. The sample fund-raising letter included below gives suggested wording for raising your funds. Please copy and paste as needed.
7. Please submit your money to your team leader or to the Church at Viera office.

# SAMPLE FUNDRAISING LETTER

Dear \_\_\_\_\_,

I feel blessed that I have been given the opportunity to serve on a volunteer mission's team to Haiti. I will be joining a team of 15 people from Church at Viera in Melbourne, FL. Along with my team members; I am now preparing myself physically and spiritually for this trip. We will be staying in and working with the orphanage, Ruuska Village, in Bon Repos. We will be ministering to the physical and spiritual needs of the people while there and aiding in any construction needs the village may have.

The cost of the mission trip is approximately \$450.00 per person. In addition to what I am able to provide myself for this cost, I am trusting God to help provide for the trip expense through friends and family members. Any amount that you might be able to give would be greatly appreciated.

Should you be able and feel led to help me participate in this trip, please make checks payable to Church at Viera, 9005 N Wickham Rd, Melbourne, FL 32940. Please put my name and the destination of my trip on the "for" line on the check. I must have all monies by \_\_\_\_\_.

Please return the bottom portion of this letter with your contribution should you choose to make one on my behalf. If you cannot help financially, please be a prayer partner for me and the team as we prepare and journey to Haiti.

In His service,



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I wish for the attached contribution to be treated as a tax-deductible contribution. I understand by doing so, I release full control of the contribution to Church at Viera. I understand the church retains full administrative control over the mission trip and that the trip is intended to further Church at Viera's evangelistic mission. I further understand that the church retains the right to refuse to refund any money contributed toward the mission trip.

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- Funds are requested to cover the expenses of:  
(Student's name) \_\_\_\_\_
  - Name of Mission Trip: \_\_\_\_\_
  - Date of Mission Trip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

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.