

Full Name _____ T-shirt size (S-3X): _____

Emergency contact name and phone #: _____

Emergency contact's email address: _____

Emergency Contact must be someone who is not participating in the trip.

Medical Information:

Physician's Name: _____ Physician's Telephone #: _____

Dr.'s Address: _____ City: _____ State: _____ Zip: _____

Currently under Physician's care? No Yes If yes explain: _____

List medical conditions that will/may have an impact on this trip: _____

Allergies: No Yes If yes include type of allergy and medication used to control: _____

Physical restrictions: No Yes If yes explain: _____

Current Medications: No Yes If yes, indicate drug, strength, and frequency: _____

Special dietary requirements: _____

Additional information, special needs or explanations: _____

Updated Contact Information (if *different* than previous trip):

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Passport #: _____ Expiration date: _____

(Attach copy of pages from passport containing your photo and signature)



**TEAM MEMBER AGREEMENT,
GENERAL RELEASE, CONSENT AND WAIVER**



Final payment is due 30 days prior to departure. At this point all fees paid to SIF Ministries, Servants In Fellowship herein often referred to as SIF becomes NON-REFUNDABLE & NON-TRANSFERABLE. I understand there is a \$50 late fee if my application is submitted within 45 days of the trip.

I grant permission to use and store my name and image, by means of digital or film photography, video photography, audio recordings or other documentation with respect to the mission trip with SIF. I give SIF permission to use of any stored data including my name and image in printed or electronic publications of SIF; I give them permission also to use any stored data including my name and image in any Web site created by or for SIF for its sole benefit.

To insure that my mission trip is a good experience for the team and those we serve, I agree to dress in a manner that will not call undue attention to myself. I understand this is for my safety as well as cultural sensitivity. If I am a female, I will wear no tight-fitting tank tops or spaghetti strap shirts / dresses, no mini-skirts or short-shorts. If I am a male, I will wear a shirt at all times (except at swimming locations). I understand that my Team Leader and/or the mission Field Director may ask me to change my attire should they feel I am inappropriately dressed for the setting in which I am serving.

I agree not to possess or use tobacco, alcoholic beverages, controlled substances or drugs of any kind other than those prescribed by my doctor, while on a SIF team. I agree that I will not use my cell phone, personal music players, or personal electronic devices while on the field; except when traveling; so I will not be distracted or distract another, from experiencing all that GOD has in store for team ministry. In consideration of participating in a short-term mission trip with SIF, I agree to participate as a team member and to accept leadership from those designated and to be flexible as conditions change. I agree that I may be subject to discipline for failure to comply with my obligation herein; including but not limited to, being sent home at my own expense. I further acknowledge that SIF is an Evangelical Christian Organization that believes that the Bible is the Inspired Word of GOD.

I represent to SIF that I have no physical, mental or emotional conditions that would put me or others at risk, and I agree to authorize release of any medical, psychological or other information to SIF if requested. I understand that as a volunteer, Worker's Compensation or any other employer type of insurance does not cover me.

I consent to the medical and dental treatment by SIF, or such others that it may designate, if I am in need of such treatment and I am unable to consent to it because of physical, mental or other incapacity. If third parties other than SIF provide treatment and there is a charge therefore, I agree to pay the charge and hold SIF harmless therefore.

I understand that as a SIF team member, I may be traveling to and from, and living and working in areas that are dangerous, both in the United States and Haiti. Particularly, and without limiting the above acknowledgement, I understand that if I travel outside the United States: 1) Medical and dental services may be inadequate or totally lacking; 2) I may be exposed to illnesses and diseases; 3) Law enforcement may be inadequate or totally lacking; 4) Motor vehicle travel may be dangerous and motor vehicle laws may not be observed or enforced; 5) Food and water may be unsanitary, unsafe and dangerous; 6) There may be social unrest, terrorism, insurrection, revolution or war. I further understand that the above listing of dangers is meant to be illustrative only, that many other dangers exist and that I may be exposed to them in one form or another. With full knowledge of the above, I have decided to expressly assume the risk and volunteer with SIF.

In consideration of volunteering with SIF on a short term mission trip, and with the intension on binding myself, my heirs, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE SIF, its officers, directors, employees, volunteers, agents, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my service as a team member with SIF, whether or not due to the negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to death, bodily injury, personal injury, loss or theft of property, economic loss or any other damage, loss or cost. This document shall be construed according to the laws of the State of Ohio.

I acknowledge that I have carefully read this Application and Team Member Agreement, General Release, Consent and Waiver, I know and understand that the contents thereof, that this document was freely and voluntarily executed, and that I was given the opportunity to seek independent legal counsel on any and all matters herein before signing it. I also understand that SIF reserves the right to decline any applicant for any reason that is not in the best interest of SIF.

Signature of Team Member

Date

Printed name of Team Member

By signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Parent or Guardian's Signature (if under 18 years old)

Date

Printed name of Parent or Guardian

**SIF Ministries
P.O. Box 227
Fredericktown, OH 43019
740-398-3082**