



Missions Trip Application Provision International



Instructions

- Complete the application (be sure to sign and date).
- Return to: Provision International, PO Box 81694, Billings, MT 59108

Personal Information

Name: _____ (Last, First, Middle) Shirt Size: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Occupation: _____ Email: _____

Emergency Contact

Emergency Contact: _____ (someone not traveling with you)

Relationship to you: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Medical Information

Please describe any physical disabilities: _____

Current illnesses or conditions: _____

Current prescription medications: _____

Please list any allergies: _____

Please list any medications you are allergic to: _____



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(continued)



ASSUMPTION OF RISK

(For those 18 year and older)

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with Provision International Inc., represent and agree that:

- 1.) I am a volunteer worker and acknowledge that I am not an employee of Provision International Inc.
- 2.) I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize such risks have always been associated with missionary service.
- 3.) I attest and certify that I have no medical conditions that would prevent me from performing my duties.
- 4.) Subject to insurance coverages required by Provision International Inc., I waive and release any and all claims for damages which I, or my heirs or successors, may have against Provision International Inc., the local church sponsoring the Provision International trip, any Provision International Affiliates, or any agent or employee of any such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
- 5.) In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and on their behalf as their parent and legal guardian, and subject to the insurance coverages required by Provision International Inc., do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
- 6.) I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
- 7.) I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release of my own, free act.**

Initial: _____ Date: _____



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(continued)



Model Release

I, _____, do hereby give Provision International Inc., and any/all of their licensees and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the individual named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: _____ Date: _____

I have honestly and accurately completed all parts of the Missions Trip Application Form to the best of my ability.

Signature of Applicant (signature MUST BE notarized below)

_____	_____	_____
Name (please print)	Signature	Date

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

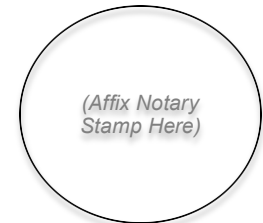
On _____, of 20____, before me, _____, a Notary
(Notary's Name)

Public in and for said county, personally appeared _____,
(Subscribing Witness)

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

Notary Public Signature: _____

My commission expires: _____



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