

**Mission to Mexico Application**  
**Thursday, March 23th – Saturday, April 1st, 2023**

**Application and Deposit Due: Sunday, January 15th, 2023**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Church: \_\_\_\_\_

How did you hear about this Mission? Which church/person: \_\_\_\_\_

Check one: Sr. High \_\_\_\_\_ College \_\_\_\_\_ Adult \_\_\_\_\_ Other \_\_\_\_\_

Cost is: \$550.00 (\$100.00 deposit due with registration)

**PLEASE MAKE CHECKS PAYABLE TO YOUR CHURCH**

**\*\* FINAL PAYMENT DUE: Sunday, March 5th, 2023\*\***

Required Orientation Meeting – Sunday, March 5<sup>th</sup> @ 3:00pm @ Northwood Christian Church

Amount enclosed with registration: \_\_\_\_\_ (\$100.00 min. per person)

Each traveler will receive a T-shirt, so please indicate size preference.

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX- Large \_\_\_\_\_

I agree to commit myself to the Mission and abide by the group guidelines set by the Mission to Mexico leadership and to attend the orientation session. I will also refrain from smoking, consuming alcoholic beverages or illicit drugs on the Mission trip.

\_\_\_\_\_  
Signature of Traveler

Please share with us why you want to participate in the Mission trip and what you expect to get out of the experience. Also indicate any special gifts/skills that you have.

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For more information, please contact Barry Lind at Northwood Christian Church, 2425 Harvest Lane, Springfield, OR 97477 or (541) 746-2790.

**Liability Release Agreement for Mission To Mexico**

This is a release. Please read very carefully. This release says, essentially, that participating on a Mission to Mexico trip involves some risks. I know that on such a trip there exists the possibility of injury or even death. In this contract, I agree that if I get hurt, or die, I will not make a claim against, sue or otherwise expect Mission to Mexico or its Board of Directors, officers, construction leaders, or volunteers to be responsible or to pay for damages. I also authorize emergency medical treatments if necessary.

I, THE UNDERSIGNED FOR MYSELF AND ON BEHALF OF ANY MINOR(S) INDICATED BY ME BELOW, AGREE TO THE FOLLOWING:

1. I understand and agree that working as a volunteer for Mission to Mexico involves some risks, and that I have voluntarily chosen to volunteer for whatever services or tasks I perform knowing that it brings certain risks. My participation (or that of any minor on whose behalf I sign this contract) in these activities is purely voluntary and is undertaken with full knowledge of and in spite of risks and hazards. I hereby, state and represent that I, or any minor on whose behalf I am signing, am physically and mentally fit to work as a volunteer for Mission to Mexico activities.

2. I agree that in return for Mission to Mexico allowing me to participate in its activities as a volunteer or otherwise, I hereby voluntarily assume all risks and hazards associated with my activities as a volunteer for Mission to Mexico, and agree (for myself and for any minor on whose behalf I sign this contract) to hold harmless the friends of Mission to Mexico, including the organization and its Board of Directors, officers, construction leaders and volunteers for any death, injury, damage or loss which I might suffer due to my activities as a volunteer or my participation in Mission to Mexico activities, including any injuries or damage which result from another negligence or fault.

3. I have read this entire document and agree that it is the entire and sole agreement between myself and Mission to Mexico concerning the topics it addresses. I understand that this is a full and complete release of all claims for liability, and I understand the meaning of this contract and the consequences of signing it. This agreement and document has been presented to me in a way that allows me to realistically consider its implications and to choose not to sign it, and to decide whether or not to offer my services as a volunteer.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

In addition, parents must also sign a separate release form for each child under the age of 18:

**Additional Liability Release Agreement for Parents**

As a parent or legal guardian of a minor under 18 years of age who will participate in the activities of Mission to Mexico as a volunteer or otherwise I have read this entire contract and document and I sign this release on his or her behalf. I understand and agree that every provision in this contract applies to any minor on whose behalf I sign this contract, just as it would apply to me if I were signing it for myself.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Parent  
Signed on behalf of \_\_\_\_\_ Legal Guardian

**Medical Release**

I authorize the directors, in whose care the above-named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or specific supervision and on the advice of my physician, dentist or licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the afore-mentioned minor pursuant to this authorization. Should it be necessary for my child to return home due to medical reason or otherwise, the undersigned shall assume all transportation costs. The undersigned does hereby give permission for my child to ride in any vehicle designated by the directors, in whose care the minor has been entrusted while attending activities sponsored by Mission to Mexico. Undersigned shall indemnify and hold harmless, Mission to Mexico, and its directors from any liability or loss resulting from judgments or claims against them arising out of the activities by Mission to Mexico.

Medical Insurance \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
(Parent or Legal Guardian Signature) Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taken: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_