



MISSION TRIP REGISTRATION AGREEMENT

We believe that God has big things in store for you as our missions partner as we seek to fulfill the Great Commission together. We trust that you've already begun praying about how God will use you to be a world changer on this incredible trip of a lifetime. Together, we are World Hope...bringing hope to the hopeless.

Just as the Bible tells us, "to do everything decently and in order," we have outlined the terms of this agreement as follows:

I agree that,

As a World Hope traveler on this mission trip, my commitment is to obtain the funds necessary to fulfill all my financial obligations for this trip. By signing this registration agreement, I am indicating that I would like to participate in the World Hope mission trip to _____ on (dates) _____.

The total cost of this trip is \$_____, which includes (airfare (for Kenya only), lodging, ground transportation, trip t-shirt, breakfast each morning, ministry supplies, etc.). Trip costs can also increase due to sudden economic impacts, such as, fuel surcharges and taxes, baggage fees, etc. Should any increases occur prior to departure, World Hope may choose to pass these costs equally among all travelers with as much advanced notice as possible.

The amount needed as my initial, non-refundable deposit is \$300. The final balance must be received no later than one (1) month prior to travel date.

Unless paid in full up front, World Hope has provided a schedule below with payment amounts and deadlines. Adhering to this set schedule is critical if you intend to travel with the team and World Hope.

- \$300 (non-refundable deposit) with this signed & returned registration agreement
- 30% of trip cost (minus deposit), 6 months prior to travel date
- 60% of trip cost (minus deposit), 3 months prior to travel date
- Remaining balance must be paid in full, 30 days prior to travel date

Please find, that all checks must be made payable to World Hope, Attention: Trips Department, 500 S. Semoran Blvd, Orlando, FL, 32807.

I understand that monies collected and submitted on my behalf will be set up and administered as a "personal missions trip account". Please note: since World Hope is a charitable, 501(c)3, non-profit organization, all gifts received are non-refundable.

Should I be fortunate enough to have raised more than what is needed for my travel, will be applied to the trip medical clinic.

In the event that I must cancel my trip due to unforeseen circumstances, I understand the following rules apply:

- If the funds submitted on my behalf were sent from my church or other non-profit organization, these funds will be held in a non-interest bearing account for a period of one (1) year toward the costs of a future trip taken within that year.
- If the funds were submitted by me personally, I understand that World Hope will make every effort possible to return those funds to me, less any additional costs resulting from my cancellation.
- Any remaining balance after one (1) year will be regarded as a free-will offering from me to the ongoing ministries of World Hope to use at their discretion, and a receipt will be sent to me as a charitable gift or contribution for tax purposes.



HEALTH PROFILE:

Health Insurance: Each participant is responsible for their own medical expenses. Everyone should take a valid health insurance card with them to submit when seeking treatment.

Emergency Contact & Phone #: _____ Relationship: _____

The items below will be provided to the World Hope Trip Nursing Staff.

Pregnant:	Y or N		
Medical Equipment:	Y or N	History of heart attack/by-pass/Angioplasty/Angina	Y or N
Seizure within the past year	Y or N	Other Cardiac conditions (heart murmur/irregular Heartbeat (be specific below)	Y or N
Hospitalization/ER visit within the past year	Y or N	Diabetic requiring medications	Y or N
High Blood Pressure (even with treatment of medicine)	Y or N	Known abnormal high cholesterol level or on a Specific diet or medication	Y or N

Please list or describe anything else of which we should be aware regarding your medical conditions (physical, mental, etc.)

Medical Information (A): Allergies (including medicines, food, bites, stings) List below. NONE

Allergy:	Reaction:	Medication Required:

Medical Information (B): Medication: List all current medications below. NONE

Medication:	Condition:	Dosage:	Current Side Effects:

Please let us know if you require any type of sleeping devices (C-pap, Bi-pap machines, ect.) You may be required to have a single room which will lead to an increased cost.



CODE OF CONDUCT

Mission activities provide a wonderful opportunity to fulfill the Great Commission while giving to individuals who have the least and need us the most. For these reasons, it is critical that our behavior and demeanor reflect not only the love of Christ, but the professionalism, competence, and support consistent with World Hope and our ministry partners.

All participants are responsible for knowing what is expected of them while on the mission trip, including this Code of Conduct, which all participants must follow. This code of conduct should serve as a guide on how to carry oneself, as well as how to act even in situations not directly mentioned or included below.

- Please comply with all safety rules and practices. These guides are put in place to ensure your safety and have been arranged by people who have experience.
 - Please attend all mission functions including, but not limited to, meetings, devotionals, and debriefs.
 - Please never allow your behavior or actions to become a disruption to the trip or other travelers. Wherever you are, be present, during work times and downtimes alike.
 - Please respect leadership, as well as those with whom you are working. Follow tasks to the best of your ability and address issues only with leadership.
 - Please respect the laws and cultural behaviors of our hosts or host country.
 - Honesty of information, including documents, records, or any other written or verbal communications is of superior importance.
 - Respect the property of World Hope and our ministry partners. Treat their homes, churches, and belongings as you would your own. Leave things better than you found them.
 - Cause no harm, implied or actual, to any traveler or ministry partner.
 - Please refrain from abusive, profane or obscene language. This includes your observations of conditions or surroundings. Always keep your words pleasing; remember it is not better, or worse, just different.
 - Please refrain from bringing or possessing firearms, or any weapon, while on the trip. Your safety, as well as the safety of those around you, is our utmost concern.
 - Please keep your relationships on the trip pure. Refrain from any intimate personal relationships with travelers, hosts, or those we serve.
 - Overall, refrain from illegal, immoral, unprofessional, discourteous, disrespectful or violent conducts at all times. Always be trying and doing your best, and remember that even down times are important times. When in doubt of a situation, remove yourself and contact leadership.
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Liability Release

Send form to World Hope, Attention: Trips Department, 500 S. Semoran Blvd, Orlando, Florida, 32807.

Please review and fill out the form below.

- I understand that the ministry partner I am serving on my World Hope missions trip is a ministry organization and that I must raise my own support for air fare, room and board, personal items, spending money, and any other costs that might arise during my trip.
- The undersigned acknowledges that he/she has been informed that United States citizens traveling outside of the United States are required to carry documentation of United States citizenship, a valid passport and a valid picture I.D (such as a driver's license).
- I am aware that I could encounter health or safety risks during the trip. I understand that medical care and medical facilities on international trips may not meet the standards expected in the United States. To the best of my knowledge, my health is good enough to undertake the trip, and I have no known conditions that would hinder the performance of my volunteer duties on the trip.
- I understand the risks inherent in a World Hope missions trip, and I voluntarily and knowingly assume those risks (including but not limited to natural disasters, terrorism, political unrest, and contraction of illness) and acknowledge that, in releasing and waiving all claims, demands, actions, or causes of action as follows in this agreement, I do so on behalf of myself, my heirs, executors, administrators, successors, and assigns.
- I agree not to hold World Hope or the ministry partner responsible for items stolen or lost while on the trip. I accept all responsibility for luggage and other belongings brought on the missions trip by the undersigned.
- I give permission for World Hope and the ministry partner to use group or individual photos or video in any publication promoting World Hope.
- I authorize World Hope and the ministry partner to provide or furnish any necessary transportation, food, or lodging associated with the mission trip. Further, I acknowledge my status and capacity as a licensee only with respect to any real property used or occupied in conjunction with the mission trip and, by signing this agreement, I release and discharge the owner and occupier of the real property from any and all liability, claims, demands, controversies, damages, actions, and causes of action arising out of the use or occupation of the real property.
- I agree to indemnify and save harmless World Hope and the ministry partner, their employers, employees, principals, agents, insurers, successors, and assigns from any liability incurred by them resulting from my negligent, willful, wanton, or intentional acts.
- In consideration of my acceptance to participate in the World Hope missions trip, I forever release and discharge World Hope, and the ministry partner, their employers, employees, principals, agents, insurers, successors, and assigns for and from any and all liability, claims, demands, controversies, damages, actions, and causes of action arising out of, or resulting from my participation in the World Hope missions trip, including but not limited to all liability, claims or demands for my personal injury, sickness, or death, as well as property damage and expenses arising out of, directly or indirectly, the World Hope missions trip.
- I agree to submit any dispute, claim or cause of action arising out of the undersigned's participation in the missions trip to the country solely to a Christian arbitration panel, agreeing that lawsuits among and between Christians is prohibited by Scripture.
- I give permission for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The undersigned acknowledges that World Hope has recommended that the undersigned purchase trip, health, accident and baggage insurance in connection with the mission's trip, and that the undersigned obtain a physical examination and proper inoculations prior to going on the mission's trip. Immunizations are the responsibility of the traveler and dependent on the date of travel. However, for all missions trips we recommend you are up-to-date with Hepatitis A & B and Tetanus vaccines.
- All information will remain confidential. You should know that over the years, many participants with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.
- I have read and agree to abide by the Code of Conduct. I agree that, if I violate the Code of Conduct or engage in any other behavior that the team leader believes should result in the termination of my participation in the event, I will be responsible for all expenses that I incur from that time forward. Those expenses will include, but are not limited to, the cost of food, lodging, and travel home.
- I have read and understand this agreement.

Name of Participant (please print):	Signature of Participant:
Name of Parent/Guardian if participant is under the age of 18:	Signature of Parent/Guardian:
Date: / /	