

# Mexico City Mission Trip 2013

December 12 – 16

Name (as it appears on Passport) \_\_\_\_\_

Passport # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact / Phone # \_\_\_\_\_

## Application Deadline: November 9, 2013

The cost of the trip is \$1,000. Checks made payable to Brentwood Hills Church of Christ. Memo line "Mexico City Trip 2013".

You must have a current passport to travel. It is your responsibility to get your passport. If your passport will expire within six months of the trip, you need to renew it before we travel. It can take up to two months or longer to get your passport.

Students having completed the 10th grade and older are welcome to participate. Younger students must be accompanied by a parent or adult family member. We will be preparing a meeting facility, performing services projects and spending time with missionaries during this trip.

Please get your applications in ASAP and remember the deadline of November 9, 2013. For more information please email J.D. Blackburn (jd@pfm1.com) or Bryan Flanagan (Bryan.Flanagan@svpworldwide.com). The trip is limited to 15 people. Spots will be reserved on a first come/first served basis.

To reserve a spot, please return your completed application to J.D. Blackburn or to the church office to the attention of Amy Bowman (mailbox in office, Turn-In Box at the Information Center, or by mail—Amy Bowman, BHCC, 5120 Franklin Road, Nashville, 37220).



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In consideration of being allowed to participate in this mission trip sponsored by Brentwood Hills Church of Christ and in consideration of the benefits to be derived there from, I hereby release Brentwood Hills Church of Christ and its present and former officers, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation in this trip of any member of my family for whom I am the parent or legal guardian.

I recognize that the conditions in some of the places to which I, my spouse, or my child travel are not of the same standards as the conditions to which I am accustomed. I realize further that there are certain health risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason I or my child is unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for my or my child's return home. In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or on behalf of my child, to consent to: any x-ray examination; medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible. I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily. I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip. I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof; which result from the matters hereinbefore inferred as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles.

**PARTICIPANT NAME:**

**PARTICIPANT SIGNATURE:**

**IF PARTICIPANT IS A MINOR:**

**NAME OF PARENT/GUARDIAN SIGNING THIS DOCUMENT:**

**PARENT/GUARDIAN SIGNATURE:**

**Medical and Emergency Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

