

# Baja Missions

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**Summer Baja Mission Trip**  
**June 5—June 12, 2015**  
**Papalote, Mexico**



The Brentwood Hills missions experience in Mexico is a multi-generational opportunity open to all Brentwood Hills families of high school/college students as well as other mission-minded couples and singles. The week will include medical, dental, construction, helping children, and evangelistic efforts helping the precious people of Mexico. Limited space available. Return your application ASAP.

**Cost per person: \$600.00 + airfare**

**NOTE:** You are responsible for your own airfare reservations and purchase.

Arrive in San Diego by **Friday, June 5**, anytime. We will stay in San Diego Friday night at Hampton Inn. (Hotel costs included in your trip fee).

Return flight anytime **Friday, June 12**. Team will stay in San Diego Thursday night (June 11). **Passport required.**

**Tentative Team Meeting Dates:**

Sunday, April 12; Sunday, May 3; Sunday, May 31

Please return completed applications and **\$50 deposit** (checks payable to **Baja Missions**) to the Brentwood Hills church office, no later than **April 5**. Questions? Contact Rex Watson, rexwatson10@hotmail.com, 256-508-0500, Rick Harris, 615-414-5620, or Mike Morello, 615-386-3550

<b>Name:</b> Last: _____ First: _____ Middle: _____			<b>Phone Number:</b> _____			
<b>Home Address:</b> _____						
<b>Email Address:</b> _____			<b>T-Shirt Size:</b> S    M    L    XL    XXL			
<b>School and Grade (Students only):</b> <i>Note: Students must be in high school and accompanied by a parent, grandparent, or sponsor.</i> _____						
<b>Names of family members applying for this trip:</b> _____						
<b>Emergency contact (while traveling):</b> Name: _____ Home Phone: _____ Cell/Work Phone: _____						
<b>Please circle service activities you would like to serve in:</b>						
Medical	Construction	Teaching	Men	Ladies	Benevolence	Worship
Dental	Food Prep	Photography/Video	Transportation	Teens	Gardening	Children
<b>I can attend the team meetings in May, June &amp; July?</b> ____ Yes                      ____ No			<b>Have you been on a mission trip before?</b> ____ Yes                      ____ No			

Please turn over for commitment statement .

**Your commitment:**

I have read the Mission Application understand that much is expected of me. If I am granted admission to the team, I know that as an ambassador of Jesus Christ and the Brentwood Hills Church of Christ, I am expected to be an example and a good influence, and I take these expectations seriously as well.

I agree to obey and abide by all rules, regulations, and requirements set forth by the Baja leadership team.

As an agreement to the above statements, I sign my as a pledge that I understand what is expected of me and as a pledge to give the best of myself to these efforts. I understand this is a team effort.

Cost, including deposit, per person: \$600.00 + THE PURCHASE OF YOUR OWN AIRFARE. I have enclosed a deposit check for \$50.00 per person payable to Baja Missions, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Brentwood Hills Church of Christ**  
**Mission Trip Liability Waiver and Release**

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 \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Allergies/Allergic Reactions: \_\_\_\_\_