

APPLICATION FOR A MISSION TRIP TO JAMAICA with Herko Family Mission

Name: _____ Birth date: ____/____/____
(Please print) MM DD YYYY

Address: _____ Male () Female ()

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

Trip dates for which you are applying: _____ T-Shirt size: _____
S-M-L-XL-2X-3X
(Specify Adult or Children's sizes)

Name of church where you are a member: _____

City and State of that church: _____

Please list any special skills or abilities you have such as: Teaching, preaching, music, drama, cooking, construction (specify), medical (specify) or any other:

Health Information

List medications to which you are allergic: _____

List medications taken on a regular basis: _____

List any health-related problems: _____

Name, address and phone number(s) of person to be contacted in the event of an emergency:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please complete the reverse side of this application)

Permission and Release Information

"I, _____ certify that I am willing, prepared and physically fit to travel
(Please print your name)

to Jamaica and to participate in a work project with the Herko Family Mission.

Photographs or video footage of me, may be used by Herko Family Mission Fund, Inc., in their newsletter and for promotional materials and purposes.

Trip leaders, sponsors, or /Herko Family Mission staff have my permission to take me to a doctor or to a hospital for medical treatment, hospitalization, or for emergency surgery should the need arise.

I understand that all work team members serve at their own risk and that the Herko Family Mission Fund, Inc., is not liable in the event of sickness, accident, death, acts of God, terrorist acts or any other act due to the negligence of anyone. I, for myself, and on behalf of my estate, heirs, executors, and administrators, do hereby fully release and discharge the Herko Family Mission Fund, Inc. and/or its Executive Director, and/or their Board of Directors, and any successors from any liabilities, claims, obligations, damages, and causes of action whatsoever arising or growing out of my travel and participation in the mission programs of the Herko Family Mission Fund, Inc.

During this mission trip, the team may be participating in activities that are for fun and relaxation. Such activities are not mandatory. Furthermore, in the event a team member elects to participate in such activities or in an activity outside of the Herko Family Mission activities, that team member hereby releases and discharges the Herko Family Mission Fund, Inc. and/or its Executive Director, and/or their Board of Directors, and any successors from any liabilities, claims, obligations, damages and causes of action whatsoever arising or growing out of said participation. Additionally, it is strongly encouraged that if a particular activity provides an on-site guide or chaperone, that each team member elects to retain the services of said guide or chaperone, and at his or her own expense.

If it is necessary for me to return home early (due to personal, medical, or disciplinary reasons), I will assume total responsibility for any additional costs incurred.

I have read and agree to the rules and other information included in the "Information" area of the "Mission Trips" section found on the Herko Family Mission web site.

(Your Signature)

(Date)

(Signature of a Parent/Guardian if under 18)

(Date)

(Signature of a recommending Minister from your congregation)

(Date)

***Please send this completed application (original copy with your signature) to your group leader.**

If traveling as an individual, please mail this application to:

**Mission Trips
HERKO FAMILY MISSION
P.O. Box 910933
Lexington, KY 40591**

(859) 619-5384