

New Beginnings Volunteer application / Waiver Form

Please forward this application to your team leader once it is completed.

PERSONAL INFORMATION

Name (as it appears on passport)

first middle last

Address _____

Email _____

Telephone _____

Date of Birth _____

Passport Number _____

Passport Expiry Date _____

Do you have any pre-existing medical conditions that New Beginnings needs to be aware of prior to you attending this short term mission trip? By providing this information you understand that any representatives of New Beginnings may review the information.

Please check one of the following:

- ___ **No.**

 - ___ **Yes , explain. e.g. I carry an EpiPen for allergic reaction to bee stings.**
- _____
- _____
- _____
- _____

Emergency contact information

Person's name and contact number(s) in case of emergency while on this trip.

(Print) Name

Phone number

email address

Waiver of Liability

I, _____, having made myself knowledgeable of the nature of the project activities and risks of the area in which the project will take place, hereby release Stevenson Ministries Foundation - New Beginnings, Fundacion Nuevos Principios de Ministerio de Stevenson, and all associated employees and volunteers, (hereinafter known as New Beginnings) from any liability whatsoever arising out of injury, damage, or loss which I might sustain during this mission trip. I further release New Beginnings from any liability regarding loss, accident, injury, disease, or death sustained or contracted by me while travelling to, from or on the designated volunteer trip. I further agree to hold harmless, New Beginnings from any expenses incurred as a result of any loss, accident, injury, or disease sustained or contracted by me while on the volunteer trip. I also give consent for any medical treatment I may require during the volunteer trip with New Beginnings and I will be responsible for costs of the treatment involved. I also accept all risk of being a victim of kidnapping or being held hostage while in a foreign country. I hereby waive any obligation on the part of New Beginnings to make any concessions or ransom payments in the event I am a victim of kidnapping or being held hostage. I acknowledge that I have adequate supplemental insurance to cover illness, injury and death while travelling. I assume all responsibility for any additional expenses incurred during the volunteer trip and I hereby indemnify and agree to reimburse

New Beginnings for any expenses incurred on my behalf. In case of an emergency I hereby authorize my Team Leader to act on my behalf including giving consent for any medical treatment the attending physician may deem necessary.

Signed _____ **Date:** _____
applicant

Waiver Witness _____ **Date:** _____

Team Leader (if applicable) _____ **Date:** _____

Note: Witness must be of legal age and can be a family member.