

Wellspring of Life

Missions Trip Application Form

HOW TO COMPLETE THIS FORM

1. Provide all the information requested in Section 1. Also read carefully, sign and date the Section 2, the Missions Trip Conditions Agreement otherwise you will not be confirmed on the trip. Please also initial every page on the bottom where indicated.
2. Each trip participant must fill a separate application (you may photocopy this form).
3. Please make two copies of your passport. One will need to be sent to us; you should keep the other copy with you, separate from your actual passport.
4. Please also provide a recommendation letter from your pastor. If you are unable to obtain a recommendation from your Pastor, please contact Bob Coder at (423) 8070991.
5. When finished, please mail this form along with a copy of your passport and the pastor recommendation to:

Wellspring of Life, 623 Cane Creek Mountain Road, Tellico Plains, TN. 37385

Trip Destination: _____

Departure date: ____/____/____

Return Date: ____/____/____

Mission Trip Application Form

Initials _____

PERSONAL INFO

Full name: _____

Nationality: _____

Date of birth: ____/____/____

Passport number: _____

Expiration date: ____/____/____

Address: _____

Office Phone: _____

Home Phone: _____

email: _____

Age: _____

Gender: _____

Occupation: _____

Dietary restrictions: _____

Allergies: _____

Medicines you are taking now: _____

In case of emergency please notify:

Name: _____

Phone number: _____

E-mail: _____

Address: _____

Are there any physical problems or limitations that would complicate your trip ?

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MISSION TRIP CONDITIONS AGREEMENT

By means of this Agreement, instrument the client confers authority to Wellspring of Life to act in the name and on behalf of the client to contract for all the necessary services for the complete fulfillment of the agreed missions trip, specially including travel and airline tickets and reservations, lodging, transfers, feeding, excursions and other complimentary services.

Note on Smoking and Drinking Alcoholic Beverages: In many of the countries that we visit, smoking and the drinking of Alcoholic Beverages is either frowned upon or considered illicit or immoral behavior. For this reason, smoking and the drinking of Alcoholic Beverages is not allowed on mission trips. Failure to follow this could result in being suspended from the mission trip. We do not want to be a stumbling block to others, especially when we are there to spread the gospel and serve them.

See First Corinthians 8:9.

ASSUPTION OF RISK AND RELEASE FROM LIABILITY

I understand and accept that Wellspring of Life acts as an operator of trips that may expose me to hazards and elements of danger, and that participating in trips such as the one I am undertaking entails risk of illness, danger to property, personal injury and loss of life. I am also accepting that medical services or facilities may not be readily available or accessible during some or all of the time during which I am participating on the trip. I hereby accept and assume full responsibility for any and all risks of illness, injury or loss of life to myself and loss or damage to my property arising out of the participation in the trip organized by Wellspring of Life. I hereby agree that neither I, nor any of my heirs, personal or legal representatives, or family members will bring suit or make a claim for illness, injury, loss or damage to property, or loss of life resulting from any acts or omissions, including any negligence, gross negligence, or reckless or willful acts (but not the willful or fraudulent conduct) of Wellspring of Life, its employees, volunteers, directors, owners, officers, agents, contractors or affiliated organizations as a result of my participation in this trip. I hereby agree, without limitation, that Wellspring of Life, is not responsible for acts of God, equipment failures, vehicle accidents, illness from food or otherwise, detention, assaults, theft

or criminal activity, annoyance, delays, quarantine, strikes, failure of any means of conveyance to arrive or depart as scheduled, civil disturbances, terrorism, government restrictions or regulations, and discrepancies or changes in transit or hotel services over which it has no control. I hereby release Wellspring of Life, its employees, volunteers, directors, owners, officers, agents, contractors or affiliated organizations from and against any and all liability arising out of, or in any way connected with my participation in the trip, including liability for any negligence (but not the willful or fraudulent conduct) and any intentional act intended to protect my safety and well-being.

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I understand and accept that Wellspring of Life, can make reasonable changes in the itinerary where deemed advisable for the comfort, safety and well being of the client. The right is reserved to substitute hotels, alter the itinerary, and reverse the order of places to be visited, and to cancel the trip altogether. The laws of the State of Florida shall govern this Agreement, as well as any type of arbitration that may arise as result of controversy to this instrument.

IMPORTANT:

The following paragraph must be included in every solicitation letter you send out: Please make your check payable to: Wellspring of Life. Due to 501(c)(3) IRS regulations, if for any reason I am unable to participate in this trip all monies will remain with Wellspring of Life for mission activities. Please include a separate note with my name and mission destination (country) with your check. Please **DO NOT** write this information on the memo line of the check!

I have carefully read this Agreement and fully understand its contents and confirm that all the information I have provided in this trip application form is truth. I am also aware that this is a release of liability and a contract between Wellspring of Life and its affiliated organizations and/or myself and sign it of my own free will.

Signature of Client

_____/_____/_____

Please Fill out if under 18 years of age:

I, as a parent or guardian of the below named minor (under 18 years of age), hereby give my permission for my child or ward to participate in the trip and further agree, individually and on behalf of my child or ward, to the terms of the above Agreement.

Name of minor: _____

Signature of Client

_____/_____/_____

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