

### **Trip Application**

Destination: Yaw Tenkorang, Abetifi Region, Ghana, Africa

Date of Trip: \_

Mission trips are wonderful opportunities to serve and for self-reflection and growth. However, they can also be stressful as participants may be placed in emotionally charged situations and live in close quarters during the entirety of the trip. Adopt One Village, Inc. reserves the right to deny participation on any of its trips for any reason to ensure the safety of participants and the effectiveness of the mission of any particular trip. You may be denied participation on one trip and asked to reapply for participation on a later trip for any number of reasons including but not limited to: emotional maturity, particularized needs, special skills or the availability of space on a particular trip.

Additionally, no one will be allowed to participate on the trip without the signing of medical, liability, and media releases.

Personal Information
Full Name (as appears on driver's license or passport):
Preferred Name:
Birth Date: Gender: M / F
Mailing Address:
City, State, Zip:
Phone Number (Home): Phone Number (Cell):
E-mail Address:
Marital Status: Spouse's Name:
List the family members (including relationship) that are traveling with you on this trip, if any?
Name of Responsible Guardian if participant is under 18:
Passport Information
Do you have a passport? Y / N
Passport Number Expires (M/D/Y)
Are you a U.S. citizen? Y / N
If not, of what country are you a citizen?
If not, does your visa allow multiple entries into the U.S.? Y / N
Medical Background
Describe your health: Excellent / Good / Fair / Poor

Allergies: \_



Physical limitations:	 	
•		
Medical conditions: _	 	

Medications currently using: \_\_\_\_\_

Have you been hospitalize/institutionalize for mental or emotional issues in the past 6 months? Y/N

If so, please provide a written release from your psychiatrist/psychologist as well as your treating physician at the hospital or institution where you were treated verifying your mental and emotional fitness for participation in an overseas mission trip.

Experience & Skills		
Occupation:	Languages spoken besides English:	
Medical training (if applicable)	:	
Please list previous mission exp	perience (if applicable):	
Please list talents and/or special	l gifts (i.e. music, construction, etc):	
Please list previous or current p	professional experience (if applicable):	
Expectations & Motivations -		
· ·	u to be a part of this mission trip?	
What concerns and or reservation	ons, if any, do you have about this trip?	
What expectations do you have	e for this trip?	
Signature		
Signature	Date:	

Signature of Responsible Party\_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_



### Travel Acknowledgement/Waiver

Adopt One Village, Inc. ("AOV") sponsors mission trips ("trips") to Ghana. Mission participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of Adopt One Village, Inc.

#### I. TRAVEL

Participant Name:	
Date of Trip:	
Trip Leaders:	Emmanuel Sackey and Julia Craig
Risks:	Include but are not limited to: air travel, vehicle travel, foot travel, food poisoning, failure to take anti- malarials

### II. LIABILITY WAIVER/RISK ACKNOWLEDGEMENT

I understand that participation in trip activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, AOV cannot guarantee safety thereof, as all risks cannot be prevented. AOV, has purchase travel insurance for trip participates. However, I understand that AOV, its founder, board members or any other representatives/agents are not responsible for any medical expenses, including deductibles, that are not covered by the Atlas Group Travel Insurance policy purchased by AOV for this trip (Policy attached). I also understand that any property loss or other personal expenditures that result during of from this travel/trip, are to be borne by the participant, or by their parent or guardian (if participant is a minor). I also hereby consent and give authorization to trip leaders to secure any emergency medical treatment in the event that I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this trip/function, AOV does not cover such a private vehicle. I also understand that AOV cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any <u>non-sponsored</u> activities and travel that I choose to participate in before, during or after the AOV sponsored functions, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this travel and trip activities, and with full understanding of the above issues/conditions. I hereby release, indemnify and hold harmless AOV, its faculty, staff, trustees, officers, and agents from all form and manner of risks inherent in such travel, and from all claims and demands of any nature arising from participation in said trip, event, or function.

Signature of Participant

Date

Signature of Parent/Guardian Date (needed if participant is a minor – under 18)



## **Medical Waiver**

On behalf of myself, I authorize Adopt One Village, Inc., to:

- Release any and all other medical information or records to any party deemed necessary by Adopt One Village, Inc., its agents, servants, employees;
- Assign for the providing of medical treatment to me or to members of the group;
- To insure my proper placement such a group.

I hereby release and agree to indemnify Adopt One Village, Inc., its agents, officers, servants, employees, volunteers, and assigns for any and all damages, liability or costs results from the authorizing of medical treatment on my behalf under to terms of this consent. I further hold Adopt One Village, Inc. harmless from any and all costs, damages or expenses incurred by Adopt One Village, Inc., its agents, officers, servants, volunteers, or employees as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided. I am aware that serious illness or injury may occur on a trip and that such illness and injury may result in myself incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, return of myself by air ambulance or other extraordinary means. I also hereby release Adopt One Village, Inc., its officers, servants, drivers, employees, and volunteers from any financial responsibility because of sickness or injury of the participant while going to, returning from, or attending activities.

Dated\_\_\_\_\_, year of \_\_\_\_\_

Signature of Participant

Date

Signature of Parent/Guardian Date (needed if participant is a minor – under 18)



### **Media Agreement**

I also give Adopt One Village, Inc. the right to use my picture, voice and/or testimony in any form of promotional or advertising material.

I further agree, on behalf of myself, that any Photographs, Videos, Digital Media Files, etc. created or duplicated in connection with the Adopt One Village. Inc. mission trip to Ghana will be used for promotional purposes only. I understand that I may NOT whatsoever use or publish any Adopt One Village, Inc.'s Photographs, Videos, Digital Media Files, etc. for any other purpose or event other than promotion and fund raising for the mission of Adopt One Village, Inc.

I understand that I can make use of the Media taken on the Adopt One Village, Inc. missions trip to Ghana only for personal, non-commercial use only.

I release and hold harmless Adopt One Village, Inc., its agents, officers, servants, volunteers, or employees and those acting under their permission, from any and all claims I may have in connection with any Photographs, Videos, Digital Media Files, etc. taken during or in connection with the Adopt One Village, Inc. mission trip to Ghana.

I agree to transfer, and transfer all and any rights, title and interest, including but not limited to any and all copyrights, trademark rights, "moral rights," and any and all other rights that may exist, throughout the world, to Adopt One Village, Inc.

By agreeing I transfer any Media rights from the Adopt One Village, Inc. mission trip to Ghana. I expressly waive (i) any rights I may have in the media from the mission trip and (ii) any right I may have in the Media pursuant to any legal acts or laws in your jurisdiction or other similar laws, however denominated, throughout the world. I further covenant not to assert or sue Adopt One Village, Inc., its agents, officers, servants, volunteers, or employees and those acting under their permission, under such rights or on the basis of any other claim of any proprietary right or interest.

Dated\_\_\_\_\_, year of \_\_\_\_\_

Signature of Participant

Date

Signature of Parent/Guardian Date (needed if participant is a minor – under 18)



# **Emergency Contact Information**

### **Designated Emergency Information**

Name of Traveler

In case of an emergency, please indicate the person we should notify. Please indicate below the individual's name, address, and their relationship to you:

Name				
Home Address				
City/State/Zip		/	/	
Home Phone	()			
Alternative Phone	()			
	Cellular	□ Pager	$\Box$ Office $\Box$ Other	
Relationship to you				
Signature of Participant	Date		Signature of Parent/Guardian Date (needed if participant is a minor – under 18)	