

Before you apply, please know...

Passports

Each traveler will be required to have a US passport valid for at least 6 months after the dates of the trip. To find out how to apply for a passport or renew a passport go to http://travel.state.gov/passport/passport_1738.html

Travelers with disabilities

Laws for accommodating those with disabilities are vastly different than in the USA. Mission of Mercy cannot guarantee the level of physical demands for the trip or the assistance available to an individual. For that reason, we are unable to accommodate participants in wheelchairs or those unable to walk for extended periods of time.

Personal expenses

Cost of in-country accommodations is determined by Mission of Mercy and its field staff. Expenses incurred while en route are the responsibility of the traveler as well as additional hotel fees from phone or internet usage.

Preparing for the trip

Medical precautions should be explored solely by the traveler. Mission of Mercy does not make any statement concerning required or suggested immunizations before travel. More information can be found at www.cdc.gov or by calling your local community health clinic.

This form required for traveling with:

Mission of Mercy

(Please Print)

TRAVELER INFORMATION					
Traveler's last name	First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Preferred name
Street address		Home phone ()		Cell phone ()	
City	State	Zip Code	Birth date		Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Full name on passport, if different		Passport Number	Expiration date		Issuing country
Email		How did you hear about Mission of Mercy? <input type="checkbox"/> Radio Station _____ <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Church/Event <input type="checkbox"/> Other			

EMERGENCY INFORMATION			
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone ()	Work phone ()
Name of friend or relative to be reached in an emergency	Relationship to traveler	Home phone ()	Work phone ()
<input type="checkbox"/> Traveler can walk unassisted		<input type="checkbox"/> Traveler can lift light weights and perform light physical labor	

PARENT INFORMATION FOR TRAVELERS 14 TO 17 YEARS OLD

Traveler must be 14 years of age AND accompanied by Parent or Guardian.

Father/ Guardian first name		Last name		
Address		City	State	Zip Code
Home phone ()	Cell phone ()	Email address		
Mother/ Guardian first name		Last Name		
<input type="checkbox"/> Same as above	Address	City	State	Zip Code
Home phone ()	Cell phone ()	Email address		
* I give permission for the above minor child in my custody to travel with Mission of Mercy.				
(signature of parent of guardian that will accompany this minor)				Date

Guidelines for Travelers/Sponsors while visiting Mission of Mercy projects

My signature indicates my unconditional commitment to abide by the guidelines stated above.		
Full Name (please print)	Signature	Date

Guidelines for Travelers/Sponsors

Mission of Mercy (MofM) welcomes and encourages sponsor visits to children while visiting in-country projects. Personal visits can be beneficial in establishing a personal bond with sponsor and child as well as creating greater awareness of personal attributes and differences in a cross-cultural setting. Because we value this special event and those involved, MofM reserves the right to set reasonable rules and guidelines for such visits.

MofM staff will make all arrangements for visits with children. A staff member should always be present during sponsor/visitor interactions with children.

MofM and its staff will make every effort to organize a visit between sponsor and child within reason. When this visit includes additional un-planned costs and logistical support from field personnel, the sponsor will be responsible for covering these associated costs.

Sponsors/visitors are not permitted to accept any accommodations offered by host country nationals unless authorized by the Team leader or MofM staff.

The sponsor/visitor should make every effort to understand and observe local cultural norms and customs when interacting with a child.

A sponsor/visitor is prohibited from personal contact information to a child or requesting personal contact information from the child. MofM is not responsible and will not mediate for any communication or contact after the sponsor's site visit.

Any gifts for the child or his/her family should be cleared with a staff member and be in accordance with MofM policy. Direct transfers of cash to the child, family, or project are not allowed.

All travelers will be given an opportunity to begin sponsorship before, during and after the trip. Those interested in sponsorship should contact their Mission of Mercy representative for further information. Mission of Mercy will provide the trip leader with the photos and information of children available for sponsorship from the project(s) to be visited. It is VERY IMPORTANT to understand that these are the ONLY children from which you can choose, should you decide to sponsor a child while on the trip.

Covenant not to Sue

Please read statements below and sign

IN WITNESS WHEREOF, this Release for Covenant not to Sue is executed this			day of		the year	
Name (please print)	Signature			Date		
Witness Name (please print)	Signature			Date		

Covenant not to Sue

The undersigned understands and acknowledges hereby being invited to participate with Mission of Mercy/Bethesda Ministries, in certain travel activities connected with its business activities and child sponsorship. The undersigned has been informed of the risks that may result from such participation, including, but not necessarily limited to, acts of violence perpetrated upon the undersigned individually or in a group, kidnapping, piracy, hijacking, and/or the possibility of accident or disease. The undersigned nevertheless has voluntarily chosen to participate in and travel with Mission of Mercy/Bethesda Ministries.

The undersigned further understands and acknowledges that it is his or her responsibility to obtain the necessary documents for entry into any foreign country, including, but not limited to visas and passports, and to seek medical advice regarding any specialized pretreatment or treatment, medication, or immunization that may be personally required for travel with Mission of Mercy/Bethesda. The undersigned further acknowledges having had the opportunity to consult with legal counsel and with respect to rights and obligations under this Release and Covenant Not to Sue and the legal effect thereof.

Having been fully appraised of the risks, and in consideration of allowing the undersigned to travel with Mission of Mercy/Bethesda, the undersigned hereby releases and covenants not to sue Mission of Mercy/Bethesda employees, officers, directors, successors, assigns, heirs, personal representatives, agents and attorneys, with respect to all claims, demands, actions or causes of action, liabilities, judgments and executions which the undersigned may have, for all injury, including but not necessarily limited to: (I) personal injury, disease, illness, accident, disability, death or other injury of any kind, and (II) injury or loss to property, real or personal, caused by or arising out of participation in or travel with Mission of Mercy/Bethesda.

There is no reservation or agreement not clearly expressed herein. The undersigned has read this Release and Covenant Not to Sue and understands all of its terms. The undersigned executes it voluntarily, with full knowledge and intention to be legally bound. This Release and Covenant Not to Sue is made in and shall be governed by and construed according to the laws of the State of Colorado, United States of America.

MEDIA WAIVER (Optional)

I consent to Mission of Mercy using photographs and video containing my likeness for future promotional material disbursed in the public domain.

I wish Mission of Mercy not use any picture or video containing my likeness.

SIGNATURE FOR TRAVELER APPLICATION FORM

I assure all information given is complete and accurate to the best of my ability. I have read and understand the contents of this document and agree to abide by this written standard.

*No Notary needed

Name	Signature	Date
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You're all done. Use any method you choose from the options outlined on the cover page to return this form to your mission representative or Mission of Mercy.