

SAMPLE APPLICATION FOR PARTICIPATION IN A DELEGATION TO EL SALVADOR & HOLD HARMLESS AGREEMENT

Title and Dates of Delegation Trip: Place trip title here Example: Mission of Healing and Wellness
Place trip dates here

Name

Your passport number and country of citizenship

Your Date of Birth

Your Street Address

Your Email Address

Your phone number

Do you speak or read any Spanish? If so, please indicate whether or not you are fluent or are willing to serve as a translator. (You do not need to speak Spanish in order to be a member of this delegation.)

Are you a medical professional? If so, attach photocopy of current license to practice. [] Yes [] No

Do you have healing gifts in the area of prayer healing, massage, eastern medicine, working with children or any other gifts which you would like to share during the mission.

These questions can be eliminated or substitute questions which pertain to your type of trip can be used

Briefly state why you would like to be a member of this delegation to El Salvador.

Are you in good health and in good physical condition?

If you have any physical conditions which might be impacted by heat, extended walking, walking on rough terrain, and irregular mealtimes, please briefly describe your situation.

Please list all allergies, including allergies to medications:

Please indicate any dietary restrictions which you have (including whether or not you are a vegetarian):
Please read and complete the following:

I, (print name) _____, have voluntarily decided to join a Delegation to El Salvador. I am aware of the greater than normal risk to my well-being due to the possibility of problems of travel within, to and from El Salvador.

I accept responsibility for obtaining appropriate insurance which will allow for my care and possible evacuation to the United States in case of a medical emergency.

I, my heirs, assigns, representatives and executors hereby release and promise to hold harmless **insert church or organizational name here** and all other sponsoring group(s) and their officers, employees, advisors, agents, or representatives from any bodily or mental harm, injury, loss, or illness - including, but not limited to, death – that may result from my participation in this Delegation, whether in El Salvador, in any travel to or from El Salvador, or upon my return.

Your Signature Date

Print Name of Witness Date
Signature of Witness

In case of emergency, please notify:

Name of Emergency Contact in the US Contact Relationship

Emergency Contact Day Phone: _____

Emergency Contact Night Phone: _____

Emergency Contact's E-mail Address: _____

Emergency Contact's Street Address