

**Galloway United Methodist Church  
HONDURAS MISSION TRIP APPLICATION  
January 12-19, 2017**

**LEGAL NAME:** \_\_\_\_\_  
**FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**NICK NAME:** \_\_\_\_\_

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**CHURCH Affiliation:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**School** \_\_\_\_\_ **Year** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

\*\*\*\*\*

**PASSPORT NAME:** \_\_\_\_\_

**AS IT APPEARS (OR WILL APPEAR) ON YOUR PASSPORT**

**PASSPORT NUMBER** \_\_\_\_\_

**PASSPORT EXPIRATION DATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

*In the event you cancel after full payment has been paid, any refund of the full trip payment will be based on whether a substitute can be found to use the purchased airline ticket and any costs associated with the transfer of the ticket to another person if a substitution is made.*

*Please complete this application and return to Becky Dole as soon as possible at:*

*Email: [bdole@gallowayumc.org](mailto:bdole@gallowayumc.org) Fax: 601-352-5333 or mail: Galloway UMC, attention Becky Dole, PO Box 1092, Jackson, MS 39215.*

**Galloway United Methodist Church**  
**2017 Medical Release Form and Waiver of Liability**

**Please Print Clearly**

Participant's Full Legal Name \_\_\_\_\_

Participant's Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade in School \_\_\_\_\_ (if applicable)

Name of Parent or Legal Guardian (if participant is a minor) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Address of Parent/Legal Guardian \_\_\_\_\_

Phone Numbers for Contact Purposes:

\_\_\_\_\_ Home Work Other

Email of Parent/Legal Guardian \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Home Work Other

**Please Check Appropriate Boxes**

**This form is effective January 1 through December 31, 2017.**

- I give my consent for the Galloway staff, youth group counselors, or other Galloway designated leaders, retreat staff (if applicable), and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for this participant.
- This participant has permission to participate in strenuous activities.
- This participant has permission to have his/her picture used for publicity in photo or video presentations, website or social media.

(over)

I, the undersigned, in consideration and acceptance of the entry and registration of the Participant shown on the front of this form as a participant in activities sponsored by Galloway Memorial United Methodist Church, and acceptance of transportation to and from activities offered by Galloway Memorial United Methodist Church, waive and agree to protect against any and all claims which I, the Participant, and any of my family members, heirs or assigns or legal representatives of Participant may now or hereafter have against Galloway Memorial United Methodist Church and all pastoral staff members, staff members, and volunteers of Galloway Memorial United Methodist Church which may indirectly or directly result from the Participant's participation in activities sponsored by Galloway Memorial United Methodist Church. I further warrant and represent that the Participant is currently in proper physical condition to participate in activities sponsored by Galloway Memorial United Methodist Church and is not participating in activities sponsored by Galloway Memorial United Methodist Church against any physician's advice nor is the Participant taking medications which would impair his/her health or ability to participate in activities sponsored by Galloway Memorial United Methodist Church.

Signature of Participant (or parent if participant is a minor) \_\_\_\_\_

**INSURANCE INFORMATION:**

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Name of Participant's Employer (or parent's employer if participant is a minor)  
\_\_\_\_\_

**MEDICAL INFORMATION FOR PARTICIPANT:**

Allergies \_\_\_\_\_

Last Tetanus or DPT \_\_\_\_\_

Are Immunizations Up to Date? \_\_\_\_\_ Indicate Date (if known) \_\_\_\_\_

Medications Presently Being Used: \_\_\_\_\_

Past Surgeries or Any Other Significant Information:  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts**

Name	Relationship	Phone
------	--------------	-------

Address		
---------	--	--

Name	Relationship	Phone
------	--------------	-------

Address		
---------	--	--

Name	Relationship	Phone
------	--------------	-------

Address		
---------	--	--

**CONSENT FORM AND RELEASE**

Salt and Light Ministry Foundation

**PARTICIPATION BY ADULTS**

I intend to participate in activities of Salt and Light Ministry Foundation (“Salt & Light”) in conjunction with Ministerio Sal y Luz (“Sal y Luz”) during the year 2017 in Honduras, Central America.

**PARTICIPATION BY MINOR**

My minor son or daughter, \_\_\_\_\_, age \_\_\_\_, intends to participate in activities of Salt and Light Ministry Foundation (“Salt & Light”) in conjunction with Ministerio Sal y Luz (“Sal y Luz”) during the year 2014 in Honduras, Central America. I fully authorize and consent to such participation by said minor child. I understand that neither Salt & Light nor Sal y Luz nor any of their agents are or shall be responsible for any injuries or damages sustained by me or by said minor child as a result of or in any way connected with my/our participation in these activities. I authorize those authorities to seek medical treatment if in their opinion medical treatment is indicated for any injury or illness that I or said minor child may sustain in connection with such activities. I and such minor child (if applicable) will attend and participate in the planned activities of Salt & Light and/or Sal y Luz at my/our own risk. Neither Salt & Light nor Sal y Luz shall be liable for any damages or personal injuries sustained by me or such minor child in so participating. I assume full responsibility for any injuries or damages that may occur to me or to such minor child in the course of such activities. I fully and forever release and discharge Salt & Light and Sal y Luz and all associated entities, employees, and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my or said minor child’s participation in such activities.

This document is effective for the calendar year from January 1, 2017 through December 31, 2017.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address Phone

**AFFIDAVIT OF SUPPORT AND CONSENT  
FOR CHILD OR YOUTH**

I / We, \_\_\_\_\_  
Parent/parents of \_\_\_\_\_  
Resident of the United States of America hereby give full consent and authority to

\_\_\_\_\_

To accompany our son(s) / daughter(s)

\_\_\_\_\_

To Honduras during the period of \_\_\_\_\_ to \_\_\_\_\_

The guardian, \_\_\_\_\_

As proof of his/her identity shall present before appropriate Honduras authorities his/her  
passport No. \_\_\_\_\_ issued in the United States on \_\_\_\_\_

And valid until \_\_\_\_\_.

I / We \_\_\_\_\_

After being duly sworn accordingly, hereby depose and say that I am / We are willing and able  
to maintain and support our child / children financially and guarantee that he / she / they will  
not become a public charge or burden during his / her / their stay in Honduras.

IN WITNESS WHEREOF, I / We hereunto set my / our hand / hands this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Mississippi.

\_\_\_\_\_  
Affiant Affiant

CONFORME: Signed in the presence of:

\_\_\_\_\_  
Guardian

SUBSCRIBED and sworn to before me, in the city of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
exhibiting his/her valid ID.