

The Isaiah Connection
MISSION AGREEMENT FORM

T-Shirt Size: _____

Name of Individual: _____

Note: Individual trip participants must be over the age of 18.

Address (work __, home __): _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Trip Information: Site you are requesting (Please list in priority order, 1,2,3)

Location	Dates
1. _____	_____
2. _____	_____
3. _____	_____

I have previously served with the Isaiah Connection in _____(year) at the _____ site.

Ministry Activities Request:

If possible and appropriate, I would prefer to spend significant time serving in:

- | | | |
|-----------------------|---------------------------|--------------------|
| _____ Evangelism | _____ Children's Ministry | _____ Construction |
| _____ Bible Clubs/VBS | _____ Medical Missions | _____ Sports Camp |
| _____ Music/Drama | _____ Prayer Walks | |

Payment Schedule:

The Isaiah Connection provides food, lodging, any necessary preparation materials, certain ministry supplies, staffing and transportation (where necessary) upon arrival at the agreed meeting site. Visas, passports and travel costs to and from the arranged meeting site are the responsibility of the individual.

Non-refundable deposit of \$100.00 per person is due with this agreement. The deposit guarantees the location and dates you have requested, if available. If your first choice is no longer available, we will contact you regarding alternate choices. We will not process your deposit until we have verified with you the guaranteed location and dates for your trip.

Half balance per person is due 120 days* before your trip is scheduled to begin. Your **final balance** per person is due 30 days* before your trip.

*Exact due dates will be generated in accordance with your trip schedule, and you will be notified upon receipt of this agreement.

Cancellation Policy:

In the unfortunate event that you would need to cancel your trip, your payments are not refundable. The reason for this policy is threefold: based upon the number of persons for which we receive reservations, we make commitments to ministry sites, staff hiring and budget projections. Once you have reserved a slot, we may need to turn away others if they request the same project. Thus, you can see the multiple negative impacts generated when an individual cancels.

Dates, locations and project details may be subject to change due to unforeseen circumstances or developments, over which we have no control, in host locations.

I agree to read and abide by this agreement and all rules, regulations and guidelines set forth by The Isaiah Connection. If I break this agreement, I understand that my registration may be canceled.

Signature

Date

Please sign and return this Mission Agreement along with your deposit to:

The Isaiah Connection
8987 E Tanque Verde RD
Suite 309 Box 145
Tucson, AZ, 85749- 9610

Keep a photocopy of this agreement for your records.

The Isaiah Connection
Medical / Liability Form

Participant Name: _____

Date of Birth: _____ Grade (if applicable): _____

Mission Location: _____ Dates: _____

1. I acknowledge that _____ (to be further referred to as the “Participant”) desires to participate in the mission trip stated above (to be further referred to as the “Trip”). I also acknowledge that ***The Isaiah Connection*** sponsors the Trip.
2. I acknowledge that this Trip may require transportation to and from various locations.
3. I hereby give consent, permission and authorization for ***The Isaiah Connection*** to transport the Participant to and from the designated Trip meeting place and during the course of the Trip.
4. I give consent, permission and authorization for the Participant to ride in any vehicle deemed suitable by those representing ***The Isaiah Connection*** while attending and taking part in the Trip.
5. In the event the Participant is injured while taking part in the Trip, or while being transported, I do hereby give consent, permission, and authorization to any reasonable medical treatment as deemed necessary and rendered under the general supervision and the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.
6. I acknowledge that I, the undersigned, will be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the Participant pursuant to this Authorization.
7. I understand that should it be necessary for the Participant to be transported home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
8. I understand that there are inherent risks involved in any mission trip, and I hereby release ***The Isaiah Connection*** its staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with ***The Isaiah Connection***. Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker[®] Ministries (complete text of the Rules is available at www.HisPeace.org). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their rights to file a lawsuit in any civil court against one another for such disputes except to enforce an arbitration decision.

Check here if you do NOT want your image used in marketing or promotional materials for ***The Isaiah Connection***. This includes both photographic and video images.

The Isaiah Connection
Medical / Liability Form

Participant's Medical Information

Medications/Prescription Drugs Currently Taking (list all and frequency of dose):

Participant's Allergies (list all – include dietary requirements):

List any major illness or surgeries the Participant has had in the past two years:

Date of most recent Tetanus shot: _____

Medical Insurance Company: _____

Company Address: _____

Insurance Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Home Number: _____

Work Number: _____

Cell Number: _____

Relation to Emergency Contact Person: _____

Doctor's Name and Phone Number: _____

Signatures

Print Participant's Name

Participant's Signature

Date

Social Security #:

Home Address:

Home Phone Number:

If Participant is under the age of eighteen (18) or otherwise legally unable to enter into a contractual agreement:

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

Parent/Guardian Cell / Work phone (list all):

