**Walk Worthy Missions**

**Brazil Mission Trip Application**

Please take a few minutes to fill out this application for the **July 25 – August 1, 2025** mission trip to Brazil. This will better help us serve you as you serve with us.

First and Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact & Phone number in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: M or F T-Shirt Size: S M L XL 2XL 3XL 4XL 5XL

Insurance: Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_

Do you have any medical or dental skills? : Y N (please list them)

Do you attend a church? : Y N

Where and how long:

**Do you have an up-to-date passport?** (*must be valid for 6 months from departure*): Yes \_\_ No\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_

Issuing Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please provide 2 color copies of your passport with this application.**

How is your general health?

Do you have health challenges or physical challenges?

Do you use medications regularly? Y N Please list them or attach a list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any allergies, including allergies to medications? Y N

If so what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Can you physically carry/roll an extra 25-50 pounds of luggage for at least 30 minutes at a time? Y N

Are you comfortable sharing your faith with others? Y N

If not, how can we help you conquer that fear?

*Thank you so much for taking the time to fill this application out!*

***This application must be submitted by October 15th, 2024 with a $300 deposit which is nonrefundable and nontransferable after a Walk Worthy representative has approved your application to secure your spot.***

***Cost of trip is $2950 per person****. All monies must be paid in full NO LATER than* ***June 30, 2025****. This mission trip with Walk Worthy**could be higher based on different variables that were not foreseen at the time of the original application date. Airfare will be purchased when all funds have been received.*

***A Private Room*** *is an additional* ***$300.00.*** *If you request* ***extra Leg Room on a plane****, there will be an upcharge per individual request based on airline charge.* ***Walk Worthy Missions*** *reserves the right to cancel any mission trip or remove any team members for any reason at any time.*

**Waiver and Release:** As a condition of being permitted to travel with Walk Worthy Missions and to participate in a mission trip to the Country of Brazil, the undersigned hereby:

1. Agrees to assume all normal and foreseeable risks associated with travel to, from and within Brazil (including but not limited to natural disasters, terrorism, political unrest, and contraction of illness) and releases Walk Worthy Missions and its affiliates from any responsibility for such risks;

2. Acknowledges that the carriers, hotels and other suppliers (the “suppliers”) providing services in connection with the mission’s trip are independent contractors and are not agents, employees or representatives of, or joint ventures with, WALK WORTHY MISSIONS or its affiliates and releases WALK WORTHY MISSIONS and its affiliates from any responsibility for the actions or omissions of such suppliers;

3. Agrees that WALK WORTHY MISSIONS shall have no liability for any personal injury, property damage or other loss, accident, delay, inconvenience, or irregularity which may be caused by (a) any wrongful, negligent or unauthorized acts or omissions on the part of any of the suppliers or their agents, (b) any defect in or failure of any vehicle, equipment or instrument owned, operated or otherwise used by any supplier, or (c) any wrongful or negligent acts or omissions on the part of any other party not under the control of WALK WORTHY MISSIONS;

4. Releases WALK WORTHY MISSIONS, its officers, directors, employees, agents and representatives from any claims whatsoever relating to the mission’s trip to Brazil;

5. Agrees not to sue or otherwise hold Walk Worthy Missions responsible for any injury, damage, or loss resulting to the undersigned or the undersigned’s property in connection with the undersigned’s participation in the mission trip to Brazil;

6. Accepts full responsibility for luggage and other belongings brought on the mission trip by the undersigned;

7. Agrees to submit any dispute, claim or cause of action arising out of the undersigned’s participation in the mission’s trip to Brazil solely to a Christian arbitration panel, agreeing that lawsuits among and between Christians is prohibited by Scripture; and

8. Agrees to be responsible for any injuries, damages or losses caused by the undersigned while the undersigned is traveling with representatives of WALK WORTHY MISSIONS or while the undersigned is in Brazil.

9. The undersigned acknowledges that Walk Worthy Missions has recommended that the undersigned obtain a physical examination and proper inoculations prior to going on the mission trip.

10. The undersigned acknowledges that he/she has been informed that United States citizens traveling outside of the United States are required to carry documentation of United States citizenship, which may include a valid passport or notarized copy of the citizen’s birth certificate with a raised seal, and a valid picture I.D. (such as a driver’s license).

Full Name (clearly printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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WALK WORTHY MISSIONS Representative Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WALK WORTHY MISSIONS Representative Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Y N Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION AND LIABILITY RELEASE - MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

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| --- |
| In consideration of being accepted for the afore mentioned Mission Trip with **WALK WORTHY MISSIONS** for participation in the Mission Trip to **BRAZIL,** we (I), being 18 years of age or older, do for ourselves (myself) and for and on behalf of my child (if said child is not 18 years of age or older), do hereby release, forever discharge and agree to hold harmless **WALK WORTHY MISSIONS** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child that occur while said child is participating in the above-described trip or activity.  Furthermore, we (I) and on behalf of our (my) child (under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation.  Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this child.  The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.  We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.  **Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.** |

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if applicant is under 18 years of age) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOTARY PUBLIC**

STATE OF \_\_\_ \_\_\_\_\_\_\_\_\_\_ COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_ before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/she proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that his/her signature on this instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WALK WORTHY MISSIONS Short-Term Mission Trip Participant (BRAZIL)**

**Personal Covenant and Full and Complete Liability Release**

I have freely requested to be allowed to participate on a short-term mission to the country of Brazil. In the event I am accepted as a member of the short-term mission team, and in consideration of the privilege of participation on the team, and of proclaiming the Gospel of Jesus Christ, I hereby fully agree to and accept the following:

**1.** I do hereby for myself, my heirs, my estate, executors, administrators, and assigns, fully and forever release and acquit and forever discharge Walk Worthy Missions, its agents, servants, successors, heirs, executors, administrators, employees, volunteers, pastors, elders, members, missionaries and any and all other persons connected in any way therewith, of and from any and all claim, actions, causes of action, demands, rights, damages, costs, loss of services, expenses, and compensation whatsoever which I now have or may have in the future, no matter when same arises or which hereafter accrue, on account of, or in any way growing out of, any and all, known and unknown, foreseen or unforeseen damages and the consequences thereof, arising out of any claim which I may have as a result of my participation on the short-term mission trip to **BRAZIL** (Destination).

**2.** There are risks associated with travel in a lesser developed country (LDC), like Brazil. I acknowledge that by participating as a team member of WALK WORTHY MISSIONS short-term mission team, I am subjecting myself to certain risks voluntarily, including and in addition to those risks that I normally face in my personal and business life, including, but not limited to, such things as unstable political situations, different and primitive physical and health facilities, uncertain transportation and communication facilities, possible acts of terrorism, health hazards due to contaminated food and water, diseases, pests, poor sanitation, potential lack of control over local population, potential personal injury while working or traveling and inadequate medical facilities.

**3.** I go as a servant-disciple of Jesus Christ and will adopt that attitude when interacting with my fellow team members, the people I meet during the trip and our host missionaries. I will abstain from making derogatory comments or arguments regarding people, politics, sports, religion, race or traditions. I further promise to not be overly demanding and to do my best not to offend or cause embarrassment for the local mission host, and to do my best to help them attain their long-term goals.

**4.** I will accept and submit to the leadership role and authority of the Team Leader and Team Coordinator and promise to abide by his or her decisions as they concern this mission trip. I will also refrain from giving gifts, except those gifts pre-approved by the team leader prior to departure. If I feel compelled to give any other gift, I will first consult with the team leader and will abide by his or her decision.

**5.** I fully understand that travel, especially to remote locations, can be difficult, and I promise to adopt a flexible attitude and be supportive, as plans may need to be changed. I understand, also, that I must travel with the rest of the team, unless other prior arrangements have been made.

**6.** I will act as a servant-disciple of the local pastor, missionary and/or mission organization. I will respect and follow the advice given concerning attire, eating and drinking, and other traditions that will help me to assimilate into the local community. **I will not buy, consume, use or serve alcoholic beverages, illegal drugs or any tobacco products and will only take medication prescribed for me by my doctors.**

**7.** I will attend all team meetings possible, both prior to departure and during the mission trip. Also, I will expeditiously follow up on all requirements for passports, visas, financial obligations, vaccinations, travel insurance, etc.

**8.** I further agree that in the event my conduct is considered by the Team Leader to be so unsatisfactory that it jeopardizes the success of the mission trip, and that mediation during the trip has failed to correct my behavior, that my services in connection with this mission trip shall end, and I shall return home immediately at my own expense. The team leader’s decision to terminate me as a team member will be final.

**9.** By signing below, I represent that I am at least eighteen (18) years of age or older, or my parent/guardian will sign also, accepting the above conditions of my behalf.

Signatures: Team Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_