

ON The Path-AGWM

Adult Information and Release Form

This form is intended only for adults attending a ON The Path-AGWM trip who are 18 years old or older.

Two of these consent/release forms are required; one must be an original, notarized form, the second can be a copy of that original. Team participants must give both to their team leaders (the copy gets mailed to On The Path-AGWM and the original goes with your team leader as you travel). Individual participants send the copy directly to ON The Path-AGWM and deliver the original to their ministry leader once arriving at their ministry site. This information is required for the safety of all participants.

CHURCH NAME

TEAM LEADER

CHURCH CITY & STATE

TRIP ATTENDING & DATES

Please check one:

- I am attending this trip as a leader, holding responsibility for leadership of my team.
- I am attending this trip as a team member, NOT holding responsibility for leadership of my team.

GENERAL INFORMATION

Name As It Appears On Your Passport _____

Date of Birth ____/____/____ Email Address (Required) _____

Address _____

City, State, Zip _____

Home Phone No. (____) _____ Alternate Phone No. (____) _____

Emergency Contact _____ Phone No. (____) _____

Have you ever been convicted of or pleaded guilty to a crime? (Please circle) **Yes** **No**

If yes, please explain. _____

T-Shirt Size (circle one): S M L XL 2X

You will receive a free On The Path shirt only if your Information and Release form is received by On The Path-AGWM **May 1, 2008**. The form must be complete to receive this offer. T-shirts may be available for purchase for those who do not make the deadline.

Insurance Election

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described below. I further understand that AGWM currently requires the insurance coverage summarized below, that the cost of the insurance is included with the trip, that this coverage are subject to change, and that I am responsible for obtaining any additional insurance coverage that I consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- \$10,000 per person accidental medical and sickness coverage
- \$200,000 per policy year medical assistance including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation or mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

You Must Check One Of The Following:

- I do not desire any *additional* trip insurance coverage for myself other than what On The Path-AGWM currently provides.
- I do desire *additional* trip insurance coverage, and I assume full responsibility for obtaining such coverage from a private insurance carrier at my expense.

Initial _____ Date _____

Medical Questionnaire

- Are you presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ (if yes, please explain) _____
- Are you allergic to any type of medication? Yes _____ No _____ (if yes, which one) _____
- Do you medically require a special diet? Yes _____ No _____ (if yes, please explain) _____
- Do you have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders	Asthma	Heart murmur
Diabetes	Hay Fever	Kidney disease
- Do you have any allergies other than medical? Yes _____ No _____ (if yes, please explain) _____
- Do you ever sleep walk? Yes _____ No _____
- Can you swim? Yes _____ No _____
- Do you have any physical condition or illness which would prevent you from participating in normal rigorous activity? Yes _____ No _____ (if yes, please explain) _____

Medical Treatment Authorization

I authorize the calling of a doctor and the providing of necessary medical services in the event I am injured or become ill. I authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on my behalf, if required by law or a health care provider. I understand that the national AIM office, On The Path-AGWM, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

I agree to notify the church in the event of any health changes which would restrict me from participation in any activities. I also understand that the adult church representatives reserve the right to restrict me from any activity that they do not feel is within the physical capabilities of me.

Initial _____ Date _____

Cancellation Policy

ON The Path-AGWM understands that cancellations are sometimes inevitable. For such circumstances, we have adopted this Cancellation Policy which applies to all registrants – individuals or teams – in order to ensure proper stewardship of the finances associated with missionary work. Full-time missionaries should not be burdened by expenses incurred from registrants who cancel their trips, and we requests that registrants be mindful of this. We appreciate your understanding and cooperation as we steward the task that God has set before us.

Questions about this policy can be directed by email to staff@onthepath.info or by phone to 360-657-5541.

Cancellation Procedure

For accountability purposes, verbal cancellations will not be accepted. Cancellations must be sent by email. The cancellation will be considered effective according to the email timestamp. Notifications received after business hours or on weekends or holidays will be effective the next business day.

EMAIL: staff@onthepath.info

Registration Fees

Registration fees are non-refundable deposits to guarantee participation in a On The Path-AGWM trip. Cancellations will lose this deposit in all circumstances.

Airfare Fees

Because of the complexity of travel to some locations, we arrange air travel for certain individuals and teams. This service is billed in addition to registration and trip fees and is non-refundable. On The Path-AGWM is not responsible for airlines operations, and airline scheduling will not effect the terms of this Cancellation Policy.

Early Cancellations

An early cancellation is one that is effective before May 1 for trips scheduled in June, July, or August. Early cancellations will receive a refund of 100% of the trip price. The trip price does not include registration fee or airfare.

Cancellations after May 1st

Cancellation after is one that does not classify as an early cancellation but is effective 21 days before a trip scheduled in June, July, or August. These cancellations will receive a refund of 85% of the trip price. The trip price does not include registration fee or airfare. If there are expenses already spend on the trip that are not covered by the 15% cancellation fee they will be deducted as well.

Late Cancellations

A late cancellation is one that is effective on a date not more than twenty-one days prior to the start date of the trip. Late cancellations are rarely eligible for any refund, but are be evaluated on a case-by-case basis.

On The Path-AGWM
1445 N Boonville
Springfield MO, 65802
360-657-5541
www.onthepath.info
staff@onthepath.info

I HAVE READ AND UNDERSTAND THE CANCELLATION POLICY.

Initial _____ Date _____

Assumption of Risk

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with On The Path-AGWM and Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of ON The Path-AGWM, AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverage described above, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

Signature

Print Name _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____

(Seal Or Stamp)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated..... Title Signature

My appointment expires