## 2019 Navajo Mission Application Form **HEALING NATIONS**

209-988-2814

GENERAL INSTRUCTIONS: Please complete form and place participant's name in memo section of your check.

2018 Navajo Mission Trip 7/13/19 – 7/20/19 Cost: \$475.00 plus travel meals				Paid:
PERSONAL INFORMATION				
Applicant's name (print): Last		First		Middle
Current Grade (if under 18) Street Address:		Sex: Female	Male	
City:		State:		Zip:
Birth Date: / /				
Telephone: ( )	Cell Phone:			
mergency Phone: E-mail:				
Swimming proficiency:   Can't Swin	m □ Beg	inner   Interme	ediate	□ Skilled
Navajo Mission	Due Date		Amount	
Deposit	Due 6/03/2019		\$75.00	
Final Payment	Due 7/01/2019		\$400.00	
I hereby certify that I have read this page a best of my knowledge.  Applicant's signature:				rticipant is accurate to the
Parent/Guardian Name (printed)				
Parent/Guardian Signature			Date	

## **AGREEMENT AND RELEASES**

**Compliance with Rules**: Healing Nations maintains a standard of conduct and dress based on God's Word. These standards and rules include, but are not limited to: No possession or use of alcohol, tobacco or illegal drugs; no sexual misconduct, theft, smoking, disorderly conduct, profanity, destruction of property or refusal to cooperate fully with the Healing Nations staff.

**Photo Release:** I/we also hereby give consent to the nonexclusive, noncommercial reproduction, publication or use by Healing Nations or anyone authorized by them for any pictures or photographs (still, video or motion, individual or group), taken of the applicant at any event or related activities (including travel) or, if taken during any other church related activities, together with any caption or descriptive material, including the individual participant's name, without compensation to the undersigned. Said picture(s) may be used without limitation on Healing Nations website, in Healing Nations publications, in videos or promotions created by Healing Nations.

**General Release:** In consideration of the applicant's being allowed to attend the Navajo Mission Trip, I/we hereby release, indemnify, save and hold harmless and covenant not to sue Healing Nations its employees, volunteers and helpers from/for any actions, claims, demands or suits which are based upon, or result from injuries sustained by the applicant arising out of, or in the course of, said applicant's participation or attendance. This release, however, shall not apply to claims covered by Healing Nations liability and no-fault accident insurance, but is applicable to claims not covered by that insurance.

• •	ove and do hereby give permission for (applicant's name)		
to attend the N	Navajo Mission Trip, to be transported in designated vehicles for		
in the space on preceding page). Permission is he with him/her present when health, well-being or been some evidence of his/her possession or use son/daughter is in good health and can participat	activities (unless otherwise noted on the Medical Release Form and ereby given to search the participant's belongings or living quarters safety of the participant or others requires it or where there has a of forbidden materials or substances. I/we believe my/our e in strenuous activities and the usual routine associated with the the information supplied in this application and on the Medical		
rimary phone number(s):Phone number(s) of friends/relatives:			
Do you require any special needs such as facilities  Yes   No. If yes, please describe:	s, medical attention, allergies, supervision or counseling		
Signature(s): I have read, fully understand and ag statements above.	gree to the foregoing, including the photo and general release		
Applicant's Signature			
(If under 18) Parent/Guardian Signature	 Date		