

# Missions Trip Team Member Adult Application

(This form is required for each Missions team member including Group Leader)

Name of Organization/School: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_

Trip Dates : \_\_\_\_\_

A \$79.00 USD Non-refundable Missions Trip Deposit per person MUST accompany your application. Deposits are credited to your Missions Trip Costs. Balance of funds Payment is due sixty days prior to start date of trip.

Cancellations prior to 90 days from trip date will not be refunded and will forfeit deposit payments. Please Note this as exceptions cannot be made. For this reason, please substitute a new member for those positions that cancel under 90 days from Trip start date.

Make check payable to Epic Missions Inc and mail with this application to:

Mailing Address: EPIC Missions Inc 6025 12th Street Vero Beach, Florida 32966  
772-618-5777 <http://www.epicmissions.org>

By signing below , I understand that I will represent Epic Missions Inc and will uphold the standards of Christ and the organization!

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

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sex M / F \_\_\_\_\_

Today's Date \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

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

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Personal EMail \_\_\_\_\_

T-shirt size: S M L XL XXL XXXL \_\_\_\_\_ Age \_\_\_\_\_ Marital Status: M S W D \_\_\_\_\_

Are there any dietary restrictions we should be aware of (i.e.allergies)

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

# Epic Missions Inc Release Of Liability Form

(This form is required for each Missions Trip / Retreat team member including Team Leader)

I, \_\_\_\_\_ the undersigned participant on a Missions Trip with Epic Missions, Inc.  
(participant name)

Agree to hold **Epic Missions Inc** harmless; Its officers, employees, or other agents not liable for any injury, loss, damage, arising out of activities associated with such event or by oversight or negligence willful or un willful on the part of Epic Missions or its' employees, staff or officers that might be encountered while participating in a Missions Trip or retreat coordinated by Epic Missions Inc. and while staying overnight or participating at any Epic Missions Inc property or location. I realize and acknowledge that my participation on a mission trip or any other activities sponsored by Epic Missions Inc in the United States or any foreign country includes many risks and possible dangers. I am well aware that travel in the United States and foreign countries exposes me to such risks as disease, war, political unrest, injury from construction projects, and other calamities anticipated or unanticipated.

I hereby assume any such risks that might result from travel in the United States or any foreign country, and I unconditionally agree to hold Epic Missions Inc, its officers, employees, or other agents blameless/harmless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a Missions/Retreat trip.

I have carefully read the foregoing and I understand that my signature herein holds Epic Missions Inc, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay, or irregularity in schedule. Participant grants permission for any photographs and/or video tape taken while on mission trip to be used by Epic Missions Inc for promotional purposes. You also represent that your team leader will have access while on the Missions Trip to all necessary medical information and treatment authorizations for you.

Signed \_\_\_\_\_  
(Participant)

and dated this \_\_\_\_\_ day of (Date) \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_  
(Participant)

and dated this \_\_\_\_\_ day of (Date) \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Addl. Adult Witness Signature (aged 21 years or older)

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

Birthdate of Witness

Date Signed

This form is valid for one (1) year from date signed This form is valid for one (1) year from date signed