

Group Missions Leader Agreement and Reservation Form

(This form is ONLY to be filled out by the Team Leader)

Also please take time to read all of the information found on this page before submitting the contract! Items marked with an (*) are required.

Mailing Address: EPIC Missions Inc 6025 12th Street Vero Beach, Florida 32966

*Team Leader's

* Missions Trip Dates: ___/___/___ Full Name: _____

* Team Leader E Mail: _____

GROUP INFORMATION

* Organization / Church Name _____

*Today's Date: _____

MM/DD/YYYY

* Organization / Church Address: _____

*City _____ *State _____ *Zip _____ *Phone (_____) _____

Cost of Mission Trip

*Group Size (number of members participating) : _____

*Total Deposit Amount PP Domestic USD\$ (\$79 per participating member, non-refundable)

Trip Dates: _____ All deposits Due Twenty One (21 days)
from choosing dates

*Final Payment Amount (USD) Domestic due 60 days prior to trip date : _____

Your Missions Trip is NOT confirmed until deposit and the completed signed Contract is received by our office.

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.

Please Read Before Submitting

EPIC Missions INC PROVIDES THE FOLLOWING:

- 1) Overnight Accommodations at our base in Vero Beach Florida
- 2) Coordination of your missions weekend in accordance with your requests
- 3) Breakfast, Lunch and dinner each full missions day

GROUP AGREES TO THE FOLLOWING:

1. Complete and/or supply ALL forms & items required; to be accountable for the actions and/or damages caused by the group members while on trip.
2. The team will supply special events planned (such as home restoration and special events with whatever food or building supplies required as discussed in planning your schedule).
2. Final payment(s) are due no less than 60 days from departure (Refunds are not made less than 90 days from trip start dates).

IMPORTANT NOTE:

Costs are based on current prices quoted on website and are subject to change due to changes in itinerary, number of people, missed deadlines. Cost does not include: Air or vehicle transportation to and from your Missions Destination, transportation during your missions, items not listed above, personal purchases, ministry supplies, passports & visa fees (It is your responsibility to determine necessity, and to obtain Passports and Visas) or miscellaneous airport, tourist, fines, border and country fees.

A \$79.00 USD Non-refundable Missions Trip Deposit per person MUST accompany your contract. Deposits are credited to your Missions Trip Costs. Individual participant's deposits are allowed to be transferred to new/other participants in the event a team member cancels. It is the team leaders responsibility to notify us of cancellations A/S/A/P to avoid penalties.

You may submit your deposits through Paypal (www.epicmissions.org/payments) or in check form to our Mailing Address: 6025 12th Street, Vero Beach, FL 32966 . When making a payment through Paypal please specify what the payment is for and provide your full team name as well.

By signing below, you represent that you are authorized to enter into this agreement on behalf of your Missions Team Members / Organization and agree to the terms and conditions of Epic Missions Inc policy, procedures, rules, regulations & standards. You also represent that you will have access while on the missions trip / retreat to all necessary medical information and treatment authorizations for all members of your team.

Signed,

(Signature of Team Leader)

Date_____

(Print Name)

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

Birthdate of Witness

_____/_____/_____
Date Signed

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