

(Please print or type)				
Date:				
(Please write your name as it	t is found on your	passport)		
First name:	•			
Middle name:				
Last name:				
Nickname (name you are kn	own by)			
Current Home Address:				
City:State	e:Zip:			
Home Phone Number:				
Cell Phone Number:				
E-mail address:				
Facebook Page:				
Mission Trip you are applying for:			Dates:	
What are the top three cities	•			
		_		
Gender (circle one): Male	Female	Personal Info		
,				
Age:	Date of Birth:			
Marital Status:				
Name of your spouse:				
Do you have kids?				
Height:T-Shirt Size:				



Citizenship and Passport Info
Are you a citizen of the United States? Yes No
Do you have a passport?
Passport number:
Expiration date of your passport: / /
If you do not have a US passport, please indicate the country of your passport:
Do you have a green card?
Do you require a special visa to live in the USA?
If so, what kind of visa?
Ministry Interests:
What type of ministry are you interested in participating in? (Please check all that apply.)
Drama:
Puppets:
Music:
Street Evangelism:
Prayer walking:
Preaching:
Youth ministry:
Kids ministry:
Ministry of helps:
Prayer ministry:
Clowning:
Friendship evangelism:
Business Seminar:
Leadership Training:
Previous Missions Experience
Have you ever been on a mission trip before?
Who did you go with?
Where did you go? Year:
Do you speak a foreign language? If yes, indicate which:
Beginner Speak and read some Fluent, can translate
TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Have you ever led praise and worship?
Which instruments do you play?
Other ministry talents:



Tell Us More

Briefly tell us why you want to go on this mission trip?
Age that you got saved:
Tell us your testimony. How did you become a Christian? Describe the major influences (both positive and nega- tive) that have affected your Christian walk. How have you grown in the Lord in the past year?



All forms can be completed, scanned and emailed to: **Daniel@kingministries.com**

Or Mailed to: King Ministries International PO Box 701113 Tulsa, OK 74170

Please include:

- * A \$100 non-refundable deposit with your application. (Please be aware that we cannot process your application without the deposit.)
- * A recent photo of yourself.
- * The Medical Release forms.

Tax Deductible Receipts are available for you and your donors. In order for individuals to receive tax credit for their donations, contributions must be made out to King Ministries International and not to you as an individual.

Collect the checks from your supporters and send the checks to us with your name on a note, not on the checks. King Ministries International will record how much you have raised and we will send your supporters a tax-receipt at the end of the year. None of these monies can be refunded.



Medical Release Form

KING MINISTRIES STATEMENT OF RESPONSIBILITY, RELEASE FROM LIABILITY, AND AUTHORIZATION TO PARTICIPATE IN MISSIONS TRIP

The agreement must be signed and returned to King Ministries International. If the participant is not 18 years of age or older, the Agreement also must be signed by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participants' inability to participate in the Mission Trip.
I,, have agreed to be a Participant in the Mission Trip sponsored in whole o
in part by King Ministries International. In consideration of being allowed to participate in this mission trip, I hereby state and agree as follows:
1. Standards of Conduct
A. I agree to abide by KMI's conduct regulations and the directions of the Group Sponsor and his or her designees I understand that the group sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the Mission Trip at any time for failure to comply with such standards. KMI reserves the right to decline to retain me on the Mission Trip at any time should my actions or general behavior impede the Mission Trip, or the rights and welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of KMI, I understand that I may be required to leave the mission trip at the sole discretion of KMI's agents and representatives. I understand that if my participation in the mission trip is terminated by the group sponsor, I will be sent home with no refund of fees. If I am sent home before completion of the mission trip, I understand that I will be responsible for any and all costs and expenses associated with my return home.
B. I acknowledge and understand that, while I am a participant, I am responsible for my own behavior and any legal or financial consequences just as I would be at home.
2. Institutional Arrangements I understand that KMI does not represent or act as an agent for, and can not control the acts of omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the mission trip. I understand that KMI is not responsible for matters that are beyond its control. I hereby release KMI from any injury, loss, damage, accident, delay, or expense arising out of any such matters.
3. Program Changes I understand that KMI reserves the right to make cancellations, substitutions, or changes to the mission trip in its sole discretion, with or without notice, and that KMI shall not be liable for any loss to the Participants by reason of any such cancellation or change. KMI is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or KMI makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. KMI reserves the right to substitute hotels or accommodations or housing or a similar category at any time. If I become detached from the mission group, fail to meet a departure vehicle, airplane, boat, or train, I will at my own expense seek out, contact, and reach the mission group at its

5. Health and Safety

next available destination.

A. I hereby represent and warrant that I am and will be covered throughout the mission trip by a policy of com-

4. Independent Activity I understand that, if I choose to travel independently before, after or during my free time in the mission trip, such travel will be unsupervised by KMI's agents or employees. I agree that KMI and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.



Medical Release Form

prehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience, while in the program, and; and I release and absolve KMI of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including periods before, during, and after the duration of the mission trip. I understand that this Travel Insurance policy is required and that I will purchase it as a part of the mission trip cost.

B. I understand that KMI will assist in providing information regarding health insurance for participants, and that KMI requires mission trip participants purchase the Travel Insurance for minimum insurance coverage. I also understand, however, that I am responsible for ensuring that I am adequately covered by health and accident insurance including periods before, during, and after the duration of the mission trip. Evidence of emergency contact information and any information I want KMI to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment, and emergency medical evacuation is attached to this agreement.

C. I agree that KMI, through its agent and employees, may take whatever action is deemed necessary with respect to my health and safety, I authorize KMI and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

D. I agree to report to the group sponsor, as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while traveling.

E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the mission trip. I recognize that KMI is not obligate to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, before, after, or during the mission trip, KMI is not responsible for the cost or quality of such treatment or care.

6. Assumption of Risk and Release of Claims

A. I hereby acknowledge my awareness that my participation in the mission trip may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, sickness, and criminal acts as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLY AND PRUDENTLY WITH RESPECT TO MATERS OF PERSONAL HEATH AND SAFETY.

I understand and acknowledge that KMI assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of KMI, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodation, restaurant, transportation, or other services or any substitution of hotels or of common carrier or other circumstances beyond KMI's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights,



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KMI will not be responsible for my hotel transfers, meal costs, or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by KMI, in its sole discretion, to cancel the mission trip or any aspect thereof after departure, requiring that all participants return home, if KMI determines or believes that any person is or will be in danger if the mission trip or any aspect thereof is continued.

KNOWING THE RISKS DESCRIBED ABOVE, and in consideration of KMI's arranging for my participation in the mission trip, individually and on behalf of any family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, I HEREBY ASSUME THESE RISKS AND RELEASE, WAIVE, AND FOREVER DISCHARGE KMI, its board of trustees and their officers, agents, and employees (the "Releasees") from liability for any and all harm, injury, claims, demands, rights, causes of action, costs and expenses of whatever kind, arising from or by reason of any loss, damage, or injury sustained by me or caused to my property, or the consequences hereof resulting from or in any way connected with my participation in the mission trip.

B. The terms of this agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

7. Acknowledgment

I hereby acknowledge that I hav Agreement.	ve read, understand and will abide by each of the terms and conditions of this
Signature of Participant	Date
(Please Print name)	_
such parts as may subject me to persona	rdian of the above Participant, (b) have read the foregoing Agreement (including al financial responsibility and assumption of risk(, (c) am and will be legally respon-Participant as described in this Agreement, and (d) agree, for myself and for the
Signature of Parent/Guardian	Date