

Travel Data Form

Do you have a current passport? _____ If No, have you applied? _____ Date: _____

Passport #: _____

Expires : _____ Place of Issue: _____

Have you ever traveled out of the country? _____

Was your trip Missions related? _____

If Yes, Where and When: _____

If it was Missions related, how did you serve?

Do you speak other foreign languages? _____

Which other languages do you speak? _____

Proficiency? _____

Background Information

Briefly describe the following in your life. It is not required that you have professed Jesus Christ as your Lord to participate on a work team through Sacred Portion Children's Outreach. However, it is important that we know where you stand. In addition it is necessary that you do not hold an adversarial point of view or one that would be in direct conflict to our founding principles.

Your information will be closely guarded and will not be used or shared with anyone in your team. The only exception would be your team leader will have this knowledge.

Have you reviewed the Charter of Faith provided to you by SPCO and AHMOP?_____ Are you in agreement with these statements of faith? _____

Describe your daily walk with the Lord:

Describe any other spiritual experiences that have been significant to your life:

Do you have any construction skills that we should be aware of?

Do you have any talents or gifts that you wish to share?

Health Form

You may require a doctor's release to travel overseas

Full Name: _____

Date of Birth: _____ Age: ___ Height : _____ Weight: _____ Blood Type: _____

Last complete physical exam? _____ Doctor's Name: _____

How would you rate you present health?

Excellent: _____ Good: _____ Below Normal: _____

Have you ever been treated for any major physical illness? _____ If Yes, please explain:

Do you have any chronic or recurring health problems? _____ If Yes, please explain:

Do you have a condition that requires a special diet? _____ If Yes, please explain:

Do you have any of the following conditions? _____ (please circle all that apply)

Allergies Asthma Diabetes Migraines Stomach upsets

Heart condition Dizziness Hi/low Blood Pressure

Other health issues:

Are you currently under-going medical treatment or taking prescription medications? _____
Please specify type and use of Medications:

Will you be taking this medicine while on the trip?

Have you suffered from or received treatment of emotional or mental illness? _____ If Yes, please explain:

Health form Page 2

In case of emergency what doctor should be contacted?

Name: _____

Address: _____

Phone: _____

Do you have travelers insurance? (If you will be getting this please provide the necessary information and a copy of your travel policy upon receipt.)

Name of Company: _____

ID # or Code for insurance purposes: _____

Contact Information: _____

In case of an emergency, I hereby authorize any necessary medical treatment by proper medical personnel in the country that I am visiting.

Signature: _____

Date: _____

Assumption of Risk, Release, Waiver of Claim And Indemnity

(To be filled out by participants age 18 and above)

**WARNING: THIS DOCUMENT AFFECTS LEGAL RIGHTS,
INCLUDING YOUR RIGHT TO SUE, AND CREATES LEGAL
RESPONSIBILITIES. PLEASE READ CAREFULLY.**

**To: SACRED PORTION CHILDREN'S OUTREACH, INC. ("SPCO"),
7104 BRISTOL LANE, BOZEMAN, MONTANA 59715**

In consideration of SPCO, and any affiliates to include Asian Hope Missionary Outreach of the Philippines ("AHMOP"), accepting my application for, and allowing me to participate in, an excursion to the Philippines being organized by SPCO, and which is expected to begin on or about _____ and for the sum of \$ _____

And other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, _____, agree to the terms of this Assumption of Risk, Indemnity, Waver of Claim and Release (collectively referred to as the "Agreement"). In particular:

1. Assumption of risk. I acknowledge and agree that participation in the Excursion involves potential dangers, risks, and hazards (the "Risks") that include, but are not limited to:
 - a. Death or injury occurring through vehicle accidents during transportation between various communities.
 - b. Death, injury or illness from consumption of unsanitary food and water.
 - c. Death or illness due to the contraction of a communicable disease.
 - d. Death, injury or personal loss incurred as a result of political instability, criminal violation, and hostile environments.
 - e. Death, injury or personal loss incurred as a result of a hurricane, volcanic eruption, earthquake, or other type of natural disaster.

I FURTHER ACKNOWLEDGE AND AGREE THAT my participation in the Excursion is entirely at my own risk and that I freely accept all the inherent risks of participating in the Excursion and the possibility of personal injury, death, kidnapping, property damage and loss resulting there from.

IFURTHER ACKNOWLEDGE AND AGREE THAT SPCO's acceptance of my involvement as a participant in the Excursion does not and will not make me an agent, contractor or employee of SPCO, and SPCO will not be obliged to assume any responsibility for my welfare in the event of my detention by lawful or unlawful means and that SPCO's policies prohibit SPCO from submitting to any form of extortion to obtain my release or otherwise ensure of protect my safety or well being if I am taken hostage or otherwise victimized during the Excursion.

2. Release and Waiver of Claim. I WAIVE ANY AND ALL claims I may now, and in the future, have against, and release and discharge from all liability, and agree not to sue, SPCO, its members, directors, officers, employees, volunteers, agents, representatives, heirs, successors and assigns (the "Releases"), with respect to any and all liability, costs (including legal costs), claims, damages, demands, actions and causes of action of whatever kind which might arise from or in connection with my participation in the Excursion including, without limitation, any personal injury, illness, death, property damage, or financial loss or other loss suffered by me or any of my family members or dependants, arising, directly or indirectly, from my participation in the Excursion, whether foreseen or unforeseen and regardless of the cause thereof including, without limitation, negligence or partial negligence on the part of the Releases or any of them but excluding willful misconduct;

I FURTHER ACKNOWLEDGE AND AGREE that SPCO, without limitation, may use, publish, reproduce, broadcast, transmit, televise, record, sell, distribute and display any written accounts or depictions, motion and or still pictures or other materials in which I may appear or be mentioned or included, in regard to the Excursion and I waive and release any right or claim I may have to receive any compensation or reimbursement in regard to any of the foregoing, whether I was involved in the creation or production of any of such regardless of whether any obligation arises under or by virtue of statute or otherwise.

3. Indemnity. I AGREE to hold harmless and to indemnify the Releases for any and all claims made against any of the Releases by any person, including any claim or action by or on behalf of my spouse or dependents, for damages suffered or costs incurred arising out of or related to any aspect of my participation in the Excursion, including, without limitation, any of the matters described or contemplated in Clause 2 hereof.

4. Understanding. I DECLARE that I have had the opportunity to seek independent legal advice with respect to the matters addressed in this Agreement, that I fully understand the terms of this Agreement and that I have not been influenced by any representations or statements made by or on behalf of SPCO not recorded in this document. I CONFIRM THAT I am the full age of 18 years and I have read and understood the Agreement prior to signing it and I agree that the Agreement will be binding upon my heirs, next-of-kin, executors, administrators and successors. I am aware that by signing this Agreement I am releasing and waving certain legal rights, including the right to sue and to be awarded potentially substantial damages, which for my heirs, next-of-kin, executors, administrators and assigns have or may have against the Releases.

5. Jurisdiction and Choice of Law. I AGREE that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Montana, in the nation of the United States of America, and that the parties hereby agree to the exclusive jurisdiction of the Montana courts.

6. Complete Agreement. I UNDERSTAND AND AGREE that this Agreement contains the entire agreement between SPCO and me, and that the terms of this Agreement are contractual and not merely a recital.

DATED at _____, this _____ day of _____, 200__

Participant Signature

Witness Signature

Mailing Address

E-mail Address

In case of emergency, contact person

Emergency contact phone number

Guide to Completing Application Process

(All information will be kept confidential)

Step 1: For all mission outreaches

Mission Application and \$50.00 tax-deductible donation to Sacred Portion Children's Outreach.

Step 2: For all missions out of the country

The Travel Data Form

Background Information Form

Health Form

Sign Liability Release

Step 3: For all missions participants

The Why Document – 5 pages or less explain your reasons for taking this trip; include expectations, purpose, hopes and fears.

Interview Process – via phone, in person if possible, SPCO staff will spend additional time with you asking and answering questions.

Additional Items:

Valid Passport. Must be valid up to six months past the date of return.

Four passport/visa photos may be required, your team leader will confirm this.