



# Travel Seminar Application

*For all Participants*

Please email a copy of your completed application to your coordinator to be forwarded to PIH. Likewise, please sign and return a printed copy to your coordinator. Coordinators, please compile all applications and send to your PIH contact person.

*Application Deadline:* \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If you are a student what year are you and what is your major or proposed major? \_\_\_\_\_

In the event of an emergency, please notify: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**A. Health:**

1. Are you currently suffering from any illness(es)? If so, please list.
2. Are you currently taking any medication? If so, please list.
3. Do you have any physical concerns for your trip to Mexico?
4. Do you have any dietary restrictions?

**B. Interests and Abilities:**

Please list any specific expectations you have for your time in Mexico.

Do you have musical or translation skills? If so, would you be willing to use these gifts during your stay?

Have you traveled outside the U.S. If so, where and when?

**C. Faith/ Personal:**

How has your journey of faith taken you to a place where you seek this experience?

What specific questions do you have for the PIH staff at this time about the nature of the program or the activities in which you will be participating?

How can the PIH staff be praying for you as you prepare for your trip?

**D. Cultural Sensitivity:**

Partners in Hope is committed to establishing long term, positive relationships with the Mexican people. For this reason, cultural sensitivity on the part of travel seminar participants is essential. If a situation arose which jeopardized those relationships, Partners in Hope staff reserves the right to terminate this contract after discussion with the travel seminar participant. This can and may include the termination of the travel seminar in progress.

Upon completion of application, please read, sign and submit the attached release waiver.

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

**Partners in Hope  
Seminar Release and Waiver of Liability**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_ (the "Volunteer") in favor of PARTNERS IN HOPE, a nonprofit 501c3 corporation organized and existing under the laws of the State of California, USA, officers, employees, and agents (collectively, "PIH").

I, the Volunteer, desire to participate voluntarily on the PIH seminar and engage in the activities related to being a volunteer participant. I understand that the activities may include but are not limited to, traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available and provided in the foreign country(ies), working with PIH staff, volunteers, or mission partners, and engaging in other mission-related activities.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless PIH and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in PIH's Seminar.

I understand and acknowledge that this Release discharges PIH from any liability or claim that I, the Volunteer, may have against PIH with respect to any bodily injury, illness, death, or property damage that may result from my participation with a Seminar. I also understand that PIH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

**2. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by PIH in writing, PIH does not carry or maintain health, medical, or disability insurance coverage for any volunteer. PIH Seminar requires all participant team members to have appropriate insurance. Insurance is paid for by the Volunteer.

**3. Medical Treatment.** Except as otherwise agreed to by PIH in writing, I hereby release and forever discharge PIH from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with a PIH Seminar.

**4. Assumption of the Risk.** I understand that my time with the PIH Seminar may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation during the Seminar experience. SO, I recognize and understand that my time with the PIH Seminar may, in some situations, involve inherently dangerous activities. I also understand that in addition to consuming local foods and living in accommodations which are available in the country(ies) visited, I may be traveling to and from locations which pose risks from terrorism, war, insurrection, disease or criminal activities.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release PIH from all liability for injury, illness, death, or property damage resulting from the activities of my time with PIH.

**5. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

To express my understanding of this release, I sign here with a witness.

Volunteer: Name: *(please print)* \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Witness: Name: *(please print)* \_\_\_\_\_ Signature \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date \_\_\_\_\_