

# PARTICIPATION AGREEMENT



## Adult Release and Indemnification Agreement

NOTE: THIS IS AN IMPORTANT DOCUMENT. PLEASE REVIEW IT CAREFULLY.

In consideration of the undersigned's application for participation in a mission trip sponsored by Rainier View Christian Church (RVCC.) and as an inducement to organizing the mission trip and permitting the undersigned's participation agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, now or unknown, or otherwise against RVCC or any of its trustees, elders, officers, employees, agents and volunteers (collectively referred to herein as the Releasees.) by reason of, arising out of or relating to the undersigned's participation in a RVCC mission trip. The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits, proceedings, demands, judgments, assessments, and liabilities, including reasonable attorney's fees incurred in litigation or otherwise, assessed, incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in a RVCC mission trip.

The undersigned further agrees that this Release and Indemnification Agreement (the Agreement) is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Releasees; and that this Agreement is to be governed by the law the State of Washington. The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act; the undersigned does not intend to participate in the mission trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the mission trip and receive all information from the leader which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to RVCC to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the mission trip and to do so without notice or compensation to the undersigned. The undersigned assumes responsibility for full payment of the published and announced cost of the mission trip, including travel insurance; agrees to pay any outstanding balance upon request by the RVCC; and agrees that any and all cost incurred by the undersigned during the mission trip, including, without limitation, costs due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's application for participation in a RVCC mission trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by RVCC; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Return form to trip leader**

Revised 6/10/2018

**MISSION PARTICIPANT STATEMENT OF ACKNOWLEDGEMENT  
and  
APPLICATION TO VOLUNTEER AROUND CHILDREN AND YOUTH**

This is to acknowledge that I have received a copy of the church's Child Protection Policy. I understand that it provides guidelines and summary information related to child protection. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the policies that have been established. I further understand that the church reserves the right to modify, supplement, rescind, or revise any provision, benefit, or policy from time to time, with or without notice, as it deems necessary or appropriate. I acknowledge that I have read, understand and agree to follow the RVCC Child Protection Policy.

Is there any reason you should NOT work with or around children or youth?

\_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a criminal offense? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the following church information:

How long have you attended RVCC? \_\_\_\_\_ Are you a member? \_\_\_\_\_

List other churches with which you have been affiliated: \_\_\_\_\_

\_\_\_\_\_

I hereby give RVCC permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of volunteer service.

\_\_\_\_\_ Volunteer Name (please print)

\_\_\_\_\_ Volunteer Signature

Date \_\_\_\_\_

Volunteer's email address (this is important, you will receive an email from Christian Background Checks where you will be required to complete their application)

**Return to trip leader**

**ONLINE APPLICATIONS BELOW!!!!!!!!!!!!**



Medical Insurance Provider \_\_\_\_\_

ID # \_\_\_\_\_ Group \_\_\_\_\_

\*Will your current medical insurance cover you while travelling outside out of the United States?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, provide copy of insurance card (front and back)

Name of Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Check if you suffer from any of the following medical conditions

- |   |  |
|---|--|
| <input type="checkbox"/> Hypertension       | <input type="checkbox"/> Chronic Anxiety |
| <input type="checkbox"/> Hypoglycemia       | <input type="checkbox"/> Arthritis       |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Depression      |
| <input type="checkbox"/> Seizures           | <input type="checkbox"/> Glaucoma        |
| <input type="checkbox"/> Insect Allergies   | <input type="checkbox"/> Migraines       |
| <input type="checkbox"/> Asthma             |  |

List any physical limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications (prescription or OTC) taken on a regular basis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Medical & Food Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In addition to your physical health, your mental health is also very important to us. Please include the following information:**

List Mental Health History \_\_\_\_\_  
\_\_\_\_\_

List Personal Counseling History \_\_\_\_\_  
\_\_\_\_\_

# TEAM COVENANT



## These are the foundations from which we serve as a team

As a body united in Christ, consecrated to the task of sharing His love, we covenant with one another before God to:

- *Pray together before all major decisions and events, including travel, and work days.*
- *Share openly and unashamedly our thoughts, joys and fears with one another.*
- *Share our experiences with one another, both good and bad.*
- *Pray for one another daily in faith, and bear one another's burdens in love.*
- *Never trivialize someone else's feelings or betray a confidence.*
- *Refrain from engaging in sarcastic humor.*
- *Clear up any grievances we have with one another before the sun goes down.*
- *Speak honestly with one another.*
- *Assume the best of each other's motives in any situation.*
- *Always be quick to listen, slow to speak and slow to become angry.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return form to your team leader**