



Global Outreach Trip Minor Application

Return Completed Applications to Pure Heart, 14240 N. 43rd Ave., Glendale, AZ 85306, Fax: 602-866-3430, or e-mail outreach@pureheart.org

Trip you are applying for: _____

GENERAL INFORMATION: (please print)

Name (as appears in passport): _____

Nickname: _____ DOB: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: _____

Home/Work Phone: _____ Cell Phone: _____

Father/Legal Guardian Name: _____

Address (if different): _____ Phone: _____

Mother/Legal Guardian Name: _____

Address (if different): _____ Phone: _____

Do you have a valid passport? _____ Expiration date: _____

Country of Citizenship: _____ T-Shirt Size: _____

SPIRITUAL INFORMATION:

Do you attend Pure Heart? _____ Yes, Member/Regular Attender _____ Do Not Attend Church
 _____ No, Attend Other Church: _____

Please describe the nature of your present relationship with God: _____

Have you been on a mission trip before? If yes, please list where and when. _____

What has drawn you to go on a short-term mission trip? _____

What ministries are you involved in at Pure Heart or your Home Church? _____

If known, what are your spiritual gifts? _____

Are there any spiritual conditions, concerns, or struggles we should know about? _____

Please Provide a Reference (Pastor or Church Leader or Discipleship Coach)

Name: _____ Relationship: _____

Number: _____ E-mail: _____

SKILLS & TALENTS

Tell us one of your strongest characteristics and weakest characteristics and why? _____

Please list any specific talents or skills that you have. (medical training, musical talent, athletic ability, teaching experience, construction experience, etc.) _____

Do you speak any foreign languages? If yes, please list which language(s) and your proficiency. _____

HEALTH INFORMATION

Do you have any physical or mental conditions that we should be made aware of (chronic illness, operations, serious injuries, activity or diet restrictions, diseases, physical defects, etc.)? If yes, please disclose the condition(s) and list any special restrictions or instructions. _____

Do you have any allergies (indoor/outdoor, food, medical, etc.) or special diet restrictions? _____

Are you presently under any medication prescribed by a doctor? If yes, please list medication, dosage, and frequency. _____

Do you have health insurance? ____ Yes ____ No

If yes, please list information: Insurance Company Name: _____

Group Policy Holder: _____ Policy/Group Number: _____

Claims Telephone Number: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

All information on this application will be kept confidential and only disclosed to relevant church staff and volunteers. Once your application is reviewed and accepted the trip leader will contact you. Your leader will walk with you through the process of preparing for your trip. Your spot on the trip is not guaranteed until a deposit is turned in by the specified due date.

As part of your preparation for your global outreach trip Pure Heart there will be mandatory meetings and/or trainings depending on the specific trip. Your trip leader will discuss the specifics of the class dates, times and information.

Preparing for a trip financially is one that requires faith and trust in God. All participants are required to raise their own support for each trip. We will provide material and training when appropriate to equip you to raise support. **Due to IRS regulations all funds including deposits, donations from supporters, and any personal payments are considered charitable contributions and are non-refundable, under ANY circumstance. I understand that if I am unable to go on the trip for any reason the trip the funds will still go towards the overall specific trip budget and will not be refunded to me or supporters.** Any funds raised in excess of the trip cost will be used for the trip or other global outreach projects.

By signing this application I agree to submit to the leadership of the trip and treat our partners, individuals we are serving, and team members with respect and dignity. As a participant I agree to the time and financial commitment of participating on a global outreach trip. As the parents(s)/guardian(s) of a trip participant we agree to support our child and the time and financial commitment of participating in a short-term mission trip. By signing our names below we signify that we have read and understand all that is required of us and that all contributions by us or our supporters are non-refundable

Periodically pictures and video may be taken of me during church events to capture moments in time. I authorize the use of these pictures to be posted on Pure Heart's website and/or to be used for promoting upcoming Global Outreach events.

Initial only one: Yes ____ No ____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please complete the attached release form, this form must be signed and notarized by both parents/guardians or custodial parent (free notary service is available at Pure Heart).

PURE HEART CHRISTIAN FELLOWSHIP **MINOR RELEASE FORM-MISSIONS**

CONSENT AND AUTHORIZATION, CUSTODIAL AND MEDICAL CONSENTS, AUTHORIZATIONS AND POWERS OF ATTORNEY, RELEASE AND WAIVER OF CLAIMS, WAIVER OF RIGHT TO JURY TRIAL AND PUNITIVE DAMAGES, CONSENT TO AND AGREEMENT TO ARBITRATION

CONSENT AND AUTHORIZATION

_____ (We) are the parents of, or _____ (I) am the sole custodial parent of _____ (Name), a minor age _____, and I consent and authorize that our (my) minor child may travel to and from and fully participate in and attend with Pure Heart Christian Fellowship members and leaders the global outreach trip in _____ (Location) beginning on _____ (Date) and ending on _____ (Date).

I, _____ (the minor), agree to abide by the direction, rules, regulations, instructions, supervision, direction, and authority of Pure Heart Church over me during the above events/activities. I also agree to conduct myself in a Christian and appropriate manor at all times during such activities/events.

Signature of Minor Participant

CUSTODIAL AUTHORIZATION AND CONSENT AND POWER OF ATTORNEY

I authorize the Pure Heart Christian Fellowship leaders to transport and accompany my minor child prior to and during the above described activities/events and I authorize them in my absence to exercise complete parental control and decision making authority without limitation during said activities/events, and grant this legal power of attorney for said leaders to act and sign and perform all duties as if they were the natural parent of my minor child with full parental rights and authority in my absence.

I understand that prior to this trip Pure Heart Church has undertaken background screening and conducted an investigation of at least two of the leaders supervising this activity/event, and I consent to and accept said screening and investigation as adequate and acceptable and satisfactory as to scope and content, and waive, release and discharge any and all potential claims against Pure Heart Church and its affiliates, subsidiaries, divisions, Board, Trustees, members, leaders, directors, officers, employees and agents and any other person or entity arising out of or from same, including, but not limited to its (their) own acts or negligence or unreasonable conduct arising from such background investigation or screening.

MEDICAL AUTHORIZATION AND CONSENT AND POWER OF ATTORNEY

In the event that my (our) minor child is injured while been transported to and from and engaging and participating in the above described events/activities, I (We) hereby authorize and consent to, and grant this medical power of attorney to, the leaders of Pure Heart Christian Fellowship or the medical practitioners identified below or any other practitioner with said practitioners office, to authorize and obtain any diagnosis, examinations, testing or diagnostic procedures, x-rays, , treatment or care, surgery or surgical care or procedures, anesthetics, medications, as they in their sole discretion deem appropriate under the circumstances.

It is understood that this authorization is given in advance of any specific diagnosis or care or treatment or medication or surgical procedure being required, and is given in advance to provide full and complete legal authority and medical power of attorney to authorize a Pure Heart leader to authorize the rendering of care and treatment deemed appropriate by any available practitioner or emergency care personnel, which in their best judgment and in their sole discretion is necessary or recommended or advisable. in my (our) absence.

It is understood that reasonable effort shall be made, if possible, to contact one of us, or the medical practitioners identified below, prior to rendering diagnosis, treatment, care, or surgery; but that none of the above shall be withheld from my minor child in the event it is impractical or impossible under the circumstances to obtain my prior written or verbal consent, or an emergency exists, or we are unable after reasonable efforts to contact you to obtain prior consent.

I (We) also agree to be solely responsible and accept sole responsibility for the cost or all of the above services rendered to my (our) minor child.

RELEASE AND WAIVER OF CLAIMS

I understand that the events/activities referred to herein have the potential of involving risks of injury, death or damages to my minor child, including, but not limited to sickness, disease, injury, death, criminal activity, political instability, governmental opposition, aggression from indigenous persons or entities and other potential risks to the health, welfare, safety and well-being of the participants.

The undersigned is fully aware of the risks and hazards inherent or possible in said activities/events, and voluntarily assumes any and all of such risk of damage, injury, or death, including, but not limited to those risks arising out of the negligence or unreasonable acts or failure to act of Pure Heart Christian Fellowship, and its affiliates, subsidiaries, divisions, Board, Trustees, members, leaders, directors, officers, employees and agents and any and all other affiliated or related persons or entities.

In consideration of Pure Heart Christian Fellowship allowing my (our) minor child to participate in the above activities/events, I (We), on my (our) own behalf, and on behalf of my minor son, and our personal representatives, assigns, heirs, distributees, guardians, next of kin, and all other affiliated or related persons or entities, (Releasors), hereby irrevocably and unconditionally release, discharge, waive and covenant not to sue Pure Heart Christian Fellowship and its affiliates, subsidiaries, divisions, members, directors, Trustees, Board, officers, employees, agents, or any other person or entity (Releasees) for and from any and all claims or causes of action of any nature now or hereafter existing whether known or unknown, including but not limited to all liability to Releasors, on account of any and all damages, injuries, or death as a result of my

minor son participating in the above described activities/events, including, but not limited to any claims arising from or out of Releasees own negligence or unreasonable actions or failure to act.

In any event, I (We) agree that to the extent recovery is allowed by Releasors, or any of them, against Releasees, or any of them, contrary to the terms of this Agreement, then, in that event, any potential recovery shall be, without excuse or exception for any reasons or factor, be limited to the policy limits of any available insurance coverage relating to such incident, whether or not any such coverage is available.

The undersigned further agrees that he/she/they bear the sole responsibility for any and all medical care or expenses on behalf of my (our) minor child while participating in the events/activities described above, whether arising from or relating to illness, sickness, disease, injury. The undersigned acknowledges that Releasees are under no obligation to, and do not provide, any medical insurance for these activities/events.

WAIVER OF RIGHT TO JURY TRIAL AND PUNITIVE DAMAGES

I (We), on our own behalf, our minor child's behalf, and on behalf of all Releasors, waive and release any potential right to jury trial against Releasees arising out of or from the events/activities described above and also waive and release any potential right to punitive damages arising out of same.

CONSENT AND AGREEMENT TO ARBITRATE

In the event of any claims or disputes arise out of this Agreement, all parties (Releasors and Releasees) agree that such claims or disputes shall solely be resolved by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. All such mediation and arbitration shall take place in Dallas, Texas. Judgment upon an arbitration award may be enforced in any Court otherwise having jurisdiction. Releasors and Releasees agree and understand that these dispute resolution methods shall be the sole remedy for any controversy or claim arising out of this Agreement and we expressly waive any rights Releasors or Releasees otherwise might have to file a lawsuit in any civil court for such disputes, except to the extent necessary to enforce any such arbitration decisions. Each party shall bear their/its own costs and attorneys fees associated with such mediation/arbitration decision. We agree to the application of Arizona statutes and case law to this Agreement.

GENERAL TERMS, CONDITIONS, ACKNOWLEDGEMENTS

The undersigned warrants and acknowledges that he or she has fully read and understands this Agreement and voluntarily signs same, and that no oral representations, statements or inducements outside of the terms of this written Agreement have been made to the undersigned.

This agreement shall be valid for up to one year for any and all other Pure Heart Church activity/event/functions without executing a new agreement for up to a year.

THIS IS A BINDING LEGAL DOCUMENT WHICH MAY SIGNIFICANTLY AFFECT YOUR LEGAL RIGHTS. YOU HAVE A RIGHT TO CONSULT AN ATTORNEY OF YOUR CHOICE PRIOR TO SIGNING THIS LEGALLY BINDING DOCUMENT AND ARE ENCOURAGED TO DO SO IF YOU HAVE ANY QUESTIONS OR CONCERNS. THIS WILL CONFIRM THAT THE RELEASEES HAVE GIVEN YOU NO LEGAL ADVICE CONCERNING THIS DOCUMENT.

Signature of "Mother or Guardian"

Signature of "Father or Guardian"

ACKNOWLEDGEMENT

State of Arizona
County of Maricopa

On _____ before me, _____, a Notary Public, personally appeared _____, personally known to me to be the person whose name is subscribed to this Agreement and acknowledged to me that she/he executed same in her/his authorized capacity and that the signature on the Agreement is of the person executing the Agreement in my presence.

WITNESS my hand and official seal.

Notary Public

My Commission expires: _____

2ND ACKNOWLEDGEMENT, IF NEEDED

State of Arizona
County of Maricopa

On _____ before me, _____, a Notary Public, personally appeared _____, personally known to me to be the person whose name is subscribed to this Agreement and acknowledged to me that she/he executed same in her/his authorized capacity and that the signature on the Agreement is of the person executing the Agreement in my presence.

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