



1664 Precision Park Lane San Diego CA 92173  
 Phone: (619) 662-1200 Fax (619) 662-1295  
 www.amor.org - missionservices@amor.org

# Individual Mission Trip Participation Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate your age (check one box):  1-10 years  11-17 years  Adult

Check the following that apply:

I am in High School and I will graduate in the year \_\_\_\_\_.

I am in College and I will graduate in the year \_\_\_\_\_.

College Name: \_\_\_\_\_

How many previous Amor mission trips have you participated in? \_\_\_\_\_

Please contact me about Volunteer or Intern opportunities (ages 18 and up).

Please email me Amor's prayer requests and ministry updates each month.

Please list all relatives that are on this trip (full name and relationship to you)

## T-SHIRT SIZE

Please circle:

SMALL

MEDIUM

LARGE

X-LARGE

XX-LARGE

XXX-LARGE

# Release of Liability/Consent

This is NOT a Medical Release

I have volunteered to participate with First Baptist Church, Wichita on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on 5/31/2010.

I have recognized that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Amor Ministries and all its officers, agents, servants and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this Mission Trip. I further understand that the release herein incorporates each and every provision of the "Statement of Commitment" signed by my group leader and/or the person(s) in charge of my group. In the event that said group leader and/or person(s) in charge does not readily have available a copy of said "Statement of Commitment", I further understand that I may obtain said copy by contacting any of the Amor representatives at 1664 Precision Park Lane, San Diego CA 92173, 619.662.1200 fax 619.662.1295.

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, and any information listed above in any and all media worldwide, by Amor Ministries, or anyone authorized by or acting on behalf of Amor Ministries, for promotional, fund-raising, advertising, marketing and/or public relations purposes. The information may be used by Amor Ministries in the regular course of business, but will not be disseminated to others except if required by law.

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

### Parental Consent

Parent Name \_\_\_\_\_  
*Please Print*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Required for participants under age 18*