



RPC Mission Experience Application

Trip to which you are applying: _____

Print your name as it appears on your government issued ID. (License or Passport)

First: _____ Middle: _____ Last: _____

Male: _____ Female: _____ DOB: _____ Phone number: _____

Email: _____

Passport Expiration date: (if applicable): _____

If under 18, give name(s) of parent(s)/guardian(s) :

Emergency contact person: _____

Phone: _____ Email: _____

Passport expiration date: _____

As a team member on an RPC Mission Experience, I understand and agree to the following:

- Attend all trip meetings and planning sessions for my mission experience.
- Commit to asking 2 RPC members to serve as my prayer partners while preparing for and participating in this experience.
- Abide by guidelines established by RPC and trip leaders.

Signature of Applicant

Date

Signature of Parent/Guardian of minor (if applicable)

Date



ROSWELL
PRESBYTERIAN CHURCH

1. Why do you desire to serve on this team?

2. What do you hope to learn from this experience?

3. What are the skills and/or qualities that you feel you will bring to the team?

NOTE: *Specific trip and payment details here.*

Serve Orlando:

Dates: May 26-31

Cost: \$500Deposit: \$250 2/4.....Balance: \$250 4/14

Ages: 14+ (10+ with parent/guardian)

For more information about this trip, contact Dan Kreiss at dan@roswellpres.org or Donna at donna@roswellpres.org

RPC Mission Experience Waiver

Medical Consent Form & Waiver

I, _____, residing at _____
(name) (home address)

Date: _____ RPC Trip: _____

For and in consideration of my acceptance and participation in the 2023 Guatemala Mission Trip sponsored by the Roswell Presbyterian Church, I waive any and all claims for myself and my heirs, against Roswell Presbyterian Church, its agents and employees, for any injury or illness which may directly or indirectly result from my participation in the aforesaid trip.

I hereby assume the risk of any injuries or illnesses that I may sustain in the pursuit of the activities associated with the said event and do hereby remise, release, and forever discharge Roswell Presbyterian Church, its employees, agents, and volunteers from any actions, suits, damages, claims or judgments that may result from any personal injury or illness I may sustain while participating in the said events, or going to or coming from said events. In addition, the undersigned agrees that RPC may publish any photography and/or video of the team participants while on the trip.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER AND VERIFY THAT THE INFORMATION BELOW IS ACCURATE:

Signature of Applicant

Date

Signature of Parent/Guardian of Youth (if applicable)

Date

Emergency Information:

Name: _____

Date of Birth: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Health Insurance:

Company Name: _____ Policy Holder: _____

Policy Number: _____ Group Number: _____

List drug allergies/sensitivities, special medical conditions such as fainting spells, motion sickness and/or anxiety, or daily medications that would be of concern for participation:

