



Friends,

On behalf of everyone here at World Compassion Network, we would like to thank you for your interest in our trip. We believe that God has called each of us to be actively involved in serving those in need. Obedience to God's call opens doors to spiritual intimacy and a depth of understanding that can be achieved in no other way. We are passionate about our work and are very excited that you have chosen to be part of it. Your first step in the mission's process is to get a space reserved. To reserve your spot we must have the following:

1. Full legal name as written on passport. Please include a photo copy of your passport. The name on your airplane ticket must match the name on your passport in order to leave and return to the country. (If you have applied, but are still waiting to receive your passport please give us the exact name as written on your passport application.)
2. The WCN personal information sheet. This includes cell number, home phone, email address, emergency contacts, medical conditions, etc. In the past we have had difficulty contacting some individuals so now we insist that all fields are complete.
3. The completed WCN release form.
4. \$ 100.00 deposit plus first payment of \$500. Checks should be made out to World Compassion Network. Please indicate which Trip and Week you desire on the memo line of your check. The donation for the trip this year is \$1,650. The final payment will be due April 30th, 2020.

Once we receive all of these items, your spot will be guaranteed. We will then begin regular communication including orientation dates, leader contacts and handout information. We are thankful that you chose World Compassion Network and grateful for the opportunity to serve you. Please contact us with any questions you might have.

God Bless,

Josh Grill

Director of Family 2 Family
World Compassion Network
574-527-2677

Please Note: Your spot is not officially reserved with the group until you have returned this completed information packet along with the \$100 deposit and first payment of \$500. If God is calling you to go, but you are concerned about the payment schedule, please contact me directly so we can work with you.



Mission Trip Personal Information Sheet

Trip Dates: _____

LAST NAME: _____ First Name: _____ Middle Name: _____
(Must be **EXACTLY** as appears on Passport)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT PHONE: _____ E-MAIL: _____

GENDER _____ EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP: _____

DATE OF BIRTH: _____ T-SHIRT SIZE (circle): **S M L XL XXL**

ALLERGIES: _____

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

FOREIGN LANGUAGE: _____ FLUENCY: _____ SPECIAL TALENT: _____

PRIOR MISSION TRIP EXPERIENCE (where, when): _____

**PLEASE INCLUDE A COPY OF PASSPORT PAGE WITH
PHOTO AND EXPIRATION DATE**



Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in or assisting others in participating in the **Honduras Family 2 Family Mission 2020** and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

(a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Trip;

(b) Participating or assisting others in participating in the Mission Trip may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) **World Compassion Network Inc.** or any of its agencies, employees or volunteers, officials affiliated with the international organizations, agencies, sponsors, the respective administrators, officers, directors, agents, representatives, employees, volunteers, officials or any other individuals affiliated with the Mission Trip:

(b) FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with participation in, performance in or lack of performance in, including travel en route to and from the Mission Trip work area.

(3) I FURTHER AGREE THAT:

(a) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Mission, WITHOUT COMPENSATION.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Mission Trip.

(5) THE IRS HAS STRICT GUIDELINES ABOUT TAX-DEDUCTIBLE GIFTS. MISSION TRIP RELATED DONATIONS CANNOT BE REFUNDED. In the event you do not participate in the mission trip for any reason, your donation to WCN will go to support other mission trip and ministry costs

(6) **WCN PURCHASES NONREFUNDABLE AIRLINE TICKETS. WE DO NOT PURCHASE AIRLINE TRAVEL INSURANCE. IF YOU WOULD LIKE AIRLINE TRAVEL INSURANCE YOU ARE RESPONSIBLE TO OBTAIN IT AND PAY FOR IT.**

(7) WCN DOES PAY FOR OUT OF COUNTRY MEDICAL INSURANCE DURING YOUR TRIP WHICH IS BASIC MAJOR MEDICAL WITH A \$50,000 LIMIT AND INCLUDES EVACUATION IF NECESSARY.

(8) TRIP CANCELLATIONS ARE UNUSUAL. IF A TRIP CANCELLATION IS UNAVOIDABLE, WCN MAY BE ABLE TO TRANSFER REMAINING BALANCES (MINUS THE NONREFUNDABLE AIRLINE TICKET COST) TO A FUTURE TRIP FOR USE WITHIN THE FOLLOWING CALENDAR YEAR, SHOULD THE PARTICIPANT DESIRE TO TRAVEL IN THE FUTURE.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION. I RECOGNIZE THAT ALL FUNDS DONATED/PAID TOWARD MY TRIP ARE NONREFUNDABLE. IN THE UNFORTUNATE EVENT I AM UNABLE TO ATTEND THIS TRIP, DONATIONS TO WCN WILL GO TO SUPPORT OTHER MISSION TRIPS AND MINISTRY COSTS.

Participant Name (print)

Participant Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

All participants must complete the Agreement, Release and Waiver of Liability in order to participate in the mission trip.



PAYMENT SCHEDULE FOR
Summer El Progreso 2020 F2F

| | |
|---------------------------------|---------|
| Deposit- due at time of sign-up | \$100 |
| Payment #1- February 30th | \$500 |
| Payment #2- March 30th | \$500 |
| Payment #3- April 30th | \$550 |
| | _____ |
| Trip Total | \$1,650 |

Please make checks payable to *World Compassion Network*
or WCN and then mail to:

World Compassion Network
PO Box 1152
Warsaw, IN 46581-1152

Please call 574-267-5427 or 574-527-2677 with any questions.