



HOPE ENCOUNTER TRIP APPLICATION FORM

Trip Name

Trip Date

Trip Information

Trip Coordinator (Church, Organization, Individual)

Name of Team Leader or Point of Contact

Team Leader Phone

Team Leader Email

Personal Information

Name as it is on passport

Preferred Name

Address

City

State

Zip

Phone

Email

Date of Birth

Age

Gender

T-Shirt Size

Citizen Of

USA

Other

Passport Number

Passport Issue Date

Passport Expiration Date

Place of Issue

****Please upload a readable copy of your current passport with this application.****

Do you hold a current CPR certification?

Yes

No

Expiration Date

Other Medical Certifications

Father/Guardian of Minor Participant

Phone

Mother /Guardian of Minor Participant

Phone

Emergency Contact

Phone



MEDICAL INFORMATION

Do you have any medical conditions, physical limitations, disabilities or are you currently being treated for any condition that would affect you in a less than ideal situation such as extreme heat or cold, limited food choices, or in an emergency situation? Please include psychological as well as physical diagnoses.

Yes No If yes, please explain

Traveling to Uganda for a Hope Encounter involves long flights, international layovers, and various forms of in-country transportation. Do you have any limitations that make travel difficult for you for which you will require accommodations?

Yes No If yes, please explain _____

Do you regularly take any medications? Yes No

If yes, please explain

Do you have an EpiPen? Yes No

Please list any allergies (**medications, food, insects, etc.**)

Is the Trip Coordinator or Africa Renewal authorized to approve medical treatment Yes No

Is the Participant covered by personal or family medical insurance? Yes No

If yes, name of Insurance Provider

Policy Holder Name

Relationship to Participant

Policy and Group Numbers



Spiritual Life

Please describe your faith life.

Please list your spiritual gifts, talents, hobbies, areas you serve in your church.

Mission Trip Experience

On a short-term mission trip with Africa Renewal, you will be given many opportunities to serve and share your faith. Please help us get to know you.

Have you been on a mission trip(s) before? If so, where?

Why do you want to participate in this mission trip?

Why do you think it is important to serve internationally?

What special gifts or talents will you offer on the mission trip?

What do you hope to gain from attending this trip?

Will you commit to attending all pre-trip training meetings and book studies?

Will you commit to daily prayer for the team and the trip?

Participant Printed

Signature or Legal Guardian
if Minor

Date

Would you like to Visit your Sponsored Child?

Yes

No



HOPE ENCOUNTER RISK ACKNOWLEDGEMENT & PHOTO RELEASE

TEAM MEMBER INFORMATION

Team Member (first, middle, & last names)

Email

Phone

Any Prohibited Activities (for minor Team Member)

Photo Use Agreement

I, _____, the Team Member (referred to as “Team Member” throughout this document) or legal guardian (if Team Member is a minor) agree to allow:

1. Use and storage of Team Member’s name and image, by means of digital or film photography, video photography, audio recording, or other documentation, with respect to the trip.
2. Use of any stored data including Team Member’s name and image in printed publications of Africa Renewal Ministries.
3. Use of any stored data including Team Member’s name and image in electronic publications of Africa Renewal Ministries.
4. Use of any stored data including Team Member’s name and image in any Website created by or for Africa Renewal Ministries for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

Team Member Printed Name

Team Member Signature

Date

Printed Legal Guardian of Minor

Signature Legal Guardian of Minor

Date

INSURANCE INFORMATION & TRIP RISK ACKNOWLEDGEMENT

FOR TRIPS ORGANIZED BY AFRICA RENEWAL MINISTRIES: Unless you notify Africa Renewal Ministries (trips@africarenewal.org) that you will be purchasing your own travel insurance and provide proof of purchase, we will purchase insurance through Faith Ventures for each Team Member. The cost of their Plus Plan is built into our base trip cost. If you would like to add additional liability, kidnap & ransom, or trip cancellation insurance to the Plus Plan, please contact us so that we can reach out to Faith Ventures for pricing. For a description of coverage, please click here: [Faith Ventures Plus Plan Details](#)

Risks associated with the trip include but are not limited to: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.



RELEASE OF LIABILITY AGREEMENT

I, _____, the Team Member or legal guardian of Team Member, hereby acknowledge that it is my desire to participate in a trip outside the United States through Africa Renewal Ministries, including activities on and away from Africa Renewal Ministries' premises as well as transportation to and/or from such activities.

I AM VOLUNTARILY PARTICIPATING IN THIS TRIP, INCLUDING TRANSPORTATION TO AND FROM SUCH TRIP, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me to participate in trips, including the transportation to and from such trips, I hereby release and discharge Africa Renewal Ministries, its officers, employees, and board members from all actions, claims or demands I and my heirs, distributes, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such organization, officers, employees, agents and board members before or during my participation in such activities on and/or away from Africa Renewal Ministries premises, including transportation to and from such trips on and/or away from the Africa Renewal Ministries premises, including transportation to and from such trips.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain effective until revoked in writing and delivered to any officers, employees, or agents of Africa Renewal Ministries.

_____ Team Member Printed Name	_____ Signature	_____ Date
_____ Legal Guardian if Team Member under 18	_____ Signature	_____ Date



HOPE ENCOUNTER PARTICIPANT AGREEMENT/RELEASE OF LIABILITY

As a Hope Encounter Trip Participant with Africa Renewal, I agree to the following:

1. I will have fun and enjoy my time in Uganda!
2. I have completed background screening (completed within the last 12 months).
3. Participants should pass criminal background checks and national sex offender registry. There is an added cost if the background check is completed through Africa Renewal.
4. I will submit the Sponsor Visit Request (if applicable, thirty (30) days before the travel date).
5. I have received my yellow fever vaccine.
6. Submit all required documents promptly to my team leader including VISA application to Uganda.
7. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

If you answered yes to each of these please sign below.

Team Member Printed Name

Signature

Date

Legal Guardian if Team Member under 18

Signature

Date



HOPE ENCOUNTER TRIP CANCELLATION POLICY & FINANCIAL AGREEMENT

TRIP NAME _____ TRIP DATES _____

TRIP CANCELLATION

Trips Cancelled by Team Member or Trip Coordinator

If a Team Member or Trip Coordinator (church, organization, or individual) cancels the trip for any reason, Africa Renewal cannot refund any funds given by the Team Member, Trip Coordinator, or any third parties on their behalf. The Team Member or Coordinator will be responsible for any fees incurred as a result of the cancellation. After Africa Renewal costs related to the trip are covered, we can hold the trip funds for use towards a replacement trip or funds can be donated to the ministry. The replacement trip must take place within one year of the original trip dates or funds will be donated to the ministry if not used within one year. Funds given to Africa Renewal for the trip or by a third party to Africa Renewal on behalf of the Team Member, cannot be refunded due to audit regulations. Due to the nature of Africa Renewal's not-for-profit status, all funds given to the ministry albeit used for trip purposes, are considered donations by audit regulations.

Trips Cancelled by Africa Renewal

If Africa Renewal must cancel the trip for any reason (national safety concern, widespread illness, or natural disaster) any monetary contributions that you have personally given for in-country costs will be held for a future trip (to take place within one year) or funds will be donated to the ministry if not used within one year. Africa Renewal cannot refund any costs already incurred (such as airfare). Funds given to Africa Renewal for the trip or by a third party to Africa Renewal on behalf of the Team Member, cannot be refunded due to audit regulations. Due to the nature of Africa Renewal's not-for-profit status, all funds given to the ministry albeit used for trip purposes, are considered donations by audit regulations. All travelers can purchase optional trip cancellation insurance which would cover travel costs (depending on the plan) should an emergency cause the trip cancellation. Contact us for information about adding additional coverage to the travel insurance that will be purchased for you through Faith Ventures.

Once airfare has been purchased by Africa Renewal, no matter which party cancels the trip, the traveler will be responsible to pay the cancellation fee and/or the full cost of the ticket. If the cost of the ticket is not received by Africa Renewal from the traveler within 30 days of the cancellation, the credit card on file will be charged for the outstanding balance. You will be notified by email that we will charge your card.

By signing, I agree that I have read and understand the Cancellation Policy above and I authorize Africa Renewal to charge my credit card 30 days after trip cancellation when my airfare has already been paid for by Africa Renewal. I may remit cost of the airfare within 30 days and my card will not be charged.

Team Member Printed Name

Signature

Date

Legal Guardian if Team Member under 18 Signature

Date



Financial Agreement

1. I have read and understand the terms of Africa Renewal's Financial Policies and how my trip budget will be formulated. Africa Renewal will create a budget for my team and individual situation starting with a standard base amount for a Vision or Mission Trip and add costs for airfare, and for any additional ministry activities or excursions.
2. I understand that a payment of 50% of my trip cost total is due two (2) months prior to my travel date and is required to hold my trip dates.
3. I understand that I am required to provide a valid credit card or payment method to keep on file with Africa Renewal for charges related to my anticipated travel dates.
4. I understand that the remaining full trip balance is due forty (40) days before departure to allow enough time for the funds to be wired to the Uganda Head Office. If funds are not received before this time frame, Africa Renewal will charge my payment method on file for the amount outstanding. I will be notified via email of this pending charge.
5. I understand that if I opt to have Africa Renewal coordinate my airfare, the ticket will be purchased by Africa Renewal, and I am responsible for the ticket cost, even if I cancel my trip. I understand that the funds necessary to cover the cost of my airfare must be received by Africa Renewal prior to the purchase of the ticket.
6. I have read and understand Africa Renewal's Cancellation Policy. If I cancel my trip, I will be responsible for any fees incurred as a result of my cancellation. Once Africa Renewal's costs are covered, Africa Renewal will hold my trip funds, for a replacement trip that must take place within 12 months from the original trip date.
7. Due to audit regulations, third party donations toward my trip and/or trip fundraising campaign cannot be refunded under any circumstance.
8. I understand that Africa Renewal will arrange my travel insurance. In the event that I require medical attention in Uganda, Africa Renewal will cover expenses in-country. Upon my return, I will submit any insurance claims in a timely manner to reimburse Africa Renewal for the medical expenses incurred on my behalf during the trip.
9. I understand that in order to best steward ministry time and funds, Africa Renewal uses a base cost model for Hope Encounter Trips. Because this base cost is created based on a review of average costs of actual past trips, the funds for my trip may overfund or underfund the actual costs of my trip by a small percentage. Should the trip be overfunded, I understand that any funds in excess of the total trip cost will be designated as a donation Africa Renewal, which will allow the ministry to steward the funds to the area of greatest need.

I have read and agree to the above policies, rules, and terms.

Team Member Printed Name

Signature

Date

Legal Guardian if Team Member under 18

Signature

Date