



**APPLICATION**  
For missionaries of all ages

I, \_\_\_\_\_, agree to participate in events sponsored by The One Project international mission trips.

Mr. Ms. Mrs. \_\_\_\_\_  
*As shown on your passport First (Please Print) Middle Last*

Preferred Name: \_\_\_\_\_  
*First (Please Print) Middle Last*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Communication:  Phone  Email  Text

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Rooming Designation:  STANDARD - \$0.00  MARRIED - \$225.00

**CITIZENSHIP**

Yes, I am an American citizen.  No, I am not an American citizen.

Country of citizenship: \_\_\_\_\_ Passport number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ *Attach copy of valid passport with this form*

**EMERGENCY CONTACT INFORMATION**



**APPLICATION**  
For missionaries of all ages

Name: \_\_\_\_\_ Relationship to Missionary: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## ***STATEMENT OF LIABILITY***

The One Project WAIVER AND RELEASE FROM LIABILITY, AND AUTHORIZATION TO PARTICIPATE IN TRIP, AND STATEMENT OF RESPONSIBILITY (“Agreement”).

The agreement must be signed and returned to The One Project. If the Participant (as shown below) is not 18 years of age or older on the date of execution of this Agreement, this Agreement also must be signed and notarized by the parent or guardian. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participants’ inability to participate in the trip.

I (missionary), have agreed to be a Participant in the mission trip sponsored in whole or in part by The One Project. In consideration of being allowed to participate in this trip, I hereby state and agree as follows:

### **1. STANDARDS OF CONDUCT**

A. I agree to abide by The One Project’s conduct regulations and the directions of the group sponsor and his or her designees. I understand that the group sponsor has the right to enforce appropriate standards of behavior and that I may be dismissed from the trip at any time for failure to comply with such standards. The One Project reserves the right to physically remove me from the trip at any time should my actions or general behavior impede the trip, or the rights and welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any policy or procedure of The One Project, I understand that I may be required to leave the trip at the sole discretion of The One Project’s agents and representatives. I understand that if my participation in the trip is terminated by the group sponsor, I will be sent home with no refund of fees. If I am sent home before completion of the trip, I understand that I will be responsible for any and all costs and expenses associated with my return home.

B. I acknowledge and understand that, while I am a participant, I am responsible for my own behavior and any legal or financial consequences just as I would be if I were not a Participant on The One Project trip.

### **2. INSTITUTIONAL ARRANGEMENTS**

I understand that The One Project does not represent or act as an agent for, and cannot control the acts of omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the trip. I understand that The One Project is not responsible for matters that are beyond its control. I hereby release The One Project from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

### **3. PROGRAM CHANGES**

I understand that The One Project reserves the right to make cancellations, substitutions, or changes to the trip in its sole discretion, with or without notice, and that The One Project shall not be liable for any loss to the Participants by reason of any such cancellation, change or delay. The One Project is not responsible for losses or penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or The One Project makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. The One Project reserves the right to substitute hotels or accommodations or housing or a similar category at any time. If I become detached from the group, fail to meet a departure vehicle, airplane, boat, or train, I will at my own expense seek out, contact, and reach the group at its next available destination.

#### **4. INDEPENDENT ACTIVITY**

I understand that, if I choose to travel independently before, after or during my free time in the trip, such travel will be unsupervised by The One Project's agents or employees. I agree that The One Project and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel.

#### **5. HEALTH AND SAFETY**

A. I release and absolve The One Project of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while abroad, including all times before, during, and after the duration of the trip. For the avoidance of doubt, I am fully releasing The One Project of any liability that may result for any aspect relating to a The One Project trip.

B. I understand that I am responsible for ensuring that I am adequately covered by health and accident insurance including periods before, during, and after the duration of the trip. I have provided evidence of emergency contact information and any information I want The One Project to have on me regarding coverage for accident, illness, hospitalization, accidental death and dismemberment, and emergency medical evacuation as an attachment to this agreement.

C. I agree that The One Project, through its agent and employees, may take whatever action is deemed necessary in their sole discretion with respect to my health and safety, I authorize The One Project and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the United States for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.

D. I agree to report to the group sponsor, as soon as I become aware of such, any physical or mental condition I have which may require special medical attention or accommodation while traveling.

E. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the trip. I recognize that The One Project is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, before, after, or during the trip, The One Project is not responsible for the cost or quality of such treatment or care.

#### **6. ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

A. I hereby acknowledge my awareness that my participation in the trip may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, terrorist incidents, cuts, bruises, broken bones, political unrest, strikes, acts of God, criminal acts, sickness including but not limited to zika fever and its long-term effects, malaria, dengue fever, dehydration, as well as other risks that may or may not be foreseeable. I HEREBY ASSUME ANY AND ALL SUCH RISKS, AND I ACKNOWLEDGE THAT I AM RESPONSIBLE TO ACT REASONABLY AND PRUDENTLY WITH RESPECT TO MATERS OF PERSONAL HEALTH AND SAFETY.

I understand and acknowledge that The One Project assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodation, restaurant, transportation, or other services or any substitution of hotels or of common carrier or other circumstances, whether or not beyond The One Project's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If I am required to spend additional nights in the trip country, the airport, back in the US, or any reason whatsoever, The One Project will not be responsible for my hotel transfers, meal costs, or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by The One Project, in its sole discretion, to cancel the trip or any aspect thereof after departure, requiring that all participants return home, if The One Project determines or believes that any person is or will be in danger if the trip or any aspect thereof is continued.

KNOWING THE RISKS DESCRIBED ABOVE, and in consideration of The One Project allowing my participation in the trip, individually and on behalf of any family, heirs, assigns, and legal and personal representative(s) (and if applicable, on behalf of my minor child/ward), to the maximum extent permitted by law, I HEREBY ASSUME ALL THESE RISKS AND RELEASE, WAIVE, AND FOREVER DISCHARGE The One Project, ITS BOARD OF TRUSTEES, ITS OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS (WHETHER OFFICIAL OR UNOFFICIAL) , SUBSIDIARIES, AFFILIATES, SUCCESSORS, (THE "RELEASEES") FROM LIABILITY FOR ANY AND ALL HARM, INJURY, CLAIMS, DEMANDS, RIGHTS, CAUSES OF ACTION, COSTS AND EXPENSES OF WHATEVER KIND, ARISING FROM OR BY REASON OF ANY LOSS, DAMAGE, OR INJURY SUSTAINED (WHETHER PHYSICAL OR FINANCIAL) BY ME OR CAUSED TO MY PROPERTY, OR THE CONSEQUENCES, WHETHER KNOWN OR UNKNOWN, BOTH NOW AND FOREVER IN THE FUTURE, RESULTING FROM, OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION IN THE MISSION TRIP OR ANY PRELIMINARY OR FOLLOW UP ACTIVITY RELATED THERETO.

B. The terms of this agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this agreement, the validity of the remaining portions shall not be affected thereby.

## 7. ACKNOWLEDGMENT

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this agreement.

### Signatures:

Missionary: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian (if necessary): \_\_\_\_\_

Date: \_\_\_\_\_

## ***RULES & GUIDELINES***

**BREAKING ANY OF THE FOLLOWING RULES ARE GROUNDS FOR IMMEDIATE DISMISSAL FROM THIS THE ONE PROJECT TRIP:**

1. Illegal acts of any kind including assault, possession of illegal drugs or weapons.
2. Consumption or possession of alcoholic beverages or tobacco products of any kind.
3. Departing the designated team housing area alone or unsupervised without the consent of a Team Leader.
4. Departing your team or assigned group at any time without the consent of a Team Leader.

**BREAKING ANY OF THE FOLLOWING RULES ARE GROUNDS FOR IMMEDIATE DISCIPLINARY ACTION AND POSSIBLE DISMISSAL FROM THIS THE ONE PROJECT TRIP:**

1. Fighting with fellow team members.
2. Romantic displays of affection with a member of the opposite sex that is not your spouse.
3. Disorderly or deliberately disobedient conduct.
4. Profanity or temperamental outbursts.
5. Disrespectful attitude towards locals or international team members.
6. Disrespectful attitude towards team leadership.

As a participant of a The One Project trip, I (missionary), have read and fully understand the rules and regulations above. I also understand that I must comply with all The One Project rules and regulations in order to make my missions experience the best it can be. If I choose not to comply with these rules, I understand that I am subject to the consequences and even dismissal from the mission field AT MY OWN EXPENSE.

## ***DONATIONS AND TRIP FUNDING***

ALL THE ONE PROJECT DONATIONS AND SUPPORT FOR PROJECTS AND/OR TRIPS ARE CONSIDERED 501(C)3 TAX-DEDUCTIBLE DONATIONS (NOT PAYMENTS FOR GOODS OR SERVICES) AND ARE 100% NON-REFUNDABLE AND NON-TRANSFERABLE. IF YOU FAIL TO MEET THE REQUIRED FINANCIAL DEADLINES, ALL PROJECT OR TRIP FUNDS WILL BE ALLOCATED TO THE ONE PROJECT HUMANITARIAN RELIEF EFFORTS. PLEASE ALLOW 7-15 BUSINESS DAYS FROM MAIL DATE FOR ALL CHECKS TO PROCESS AND POST TO YOUR ACCOUNT.

BY SIGNING BELOW, I (missionary), AGREE TO THE ABOVE WAIVER, RELEASE OF LIABILITY, RULES AND GUIDELINES, AND DONATION REGULATIONS. I UNDERSTAND THAT I AM WAVING AND RELEASING RIGHTS THAT I MAY HAVE UNDER THE LAW.

### **Signatures:**

Missionary: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian (if necessary): \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL RELEASE**

**Do you have any medical disorders including mental or emotional? \_\_\_\_\_ (Yes or No)**

If yes, please complete a Medical Condition Form for each condition and/or prescribed medication you take.

Condition #1: \_\_\_\_\_

Condition #2: \_\_\_\_\_

Condition #3: \_\_\_\_\_

**Do you have any serious allergies that require the carry and use of epinephrine / other meds? \_\_\_\_\_**

**(Y/N)**

If yes, please complete a Medical Condition Form for each allergy and/or prescribed medication you have or take.

Allergy #1: \_\_\_\_\_

Allergy #2: \_\_\_\_\_

Allergy #3: \_\_\_\_\_

**Do you currently take any medications, including prescribed or over-the-counter meds? \_\_\_\_\_ (Y/N)**

If yes, please complete a Medical Condition Form for each condition and/or prescribed medication you take.

Medication #1: \_\_\_\_\_

Medication #2: \_\_\_\_\_

Medication #3: \_\_\_\_\_

**Please indicate if you have had an illness or condition in the last 2 years:**

- |                      |                   |              |                   |                          |
|----------------------|-------------------|--------------|-------------------|--------------------------|
| Hepatitis            | Heart Attack      | Hypertension | Epilepsy          | Seizures                 |
| Hypoglycemia         | Rheumatic Fever   | Pneumonia    | Tuberculosis      | Foot/Leg Difficulties    |
| Kidney trouble       | Migraine Headache | Diabetes     | Cancer            | Infectious mononucleosis |
| Asthma               | Paralysis         | Malaria      | Amoebic Dysentery | Ulcers                   |
| Pregnant (currently) | HIV/AIDS          | Other _____  |                   |                          |

Do you have difficulty walking without the assistance of a wheelchair, walker, crutches, or another person? \_\_\_\_\_ (Y/N)

Do you have difficulty walking and carrying luggage on your own? \_\_\_\_\_ (Y/N)

Do you struggle in extreme heat and/or humidity? \_\_\_\_\_ (Y/N)

***If you answered yes to any of the above, please complete a Medical Condition Form for each condition.***

***INSURANCE INFORMATION***

Name of Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

***AGREEMENT***

“My signature below states that the above medical information is truthful, thorough, and accurate. The exclusion of any medical information not listed here could result in my immediate dismissal from my trip at my expense. The failure to submit a completed Medical Condition Form may result in the dismissal from my trip without refund. The failure to get a doctor’s approval for international travel may result in the dismissal from my trip.

I agree that this medical information may be shared with my trip Team Leader and Project Director. I fully authorize The One Project to obtain any and all medical care and/or treatment necessary while traveling internationally with The One Project.”

**Signatures:**

Missionary: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian (if necessary): \_\_\_\_\_

Date: \_\_\_\_\_