



## Trip Checklist

Print this page for your own records.

Submit all documents to Heather Webb at [hwebb@childrenofpromise.global](mailto:hwebb@childrenofpromise.global)

- Complete and submit Trip Application
- Sign and submit Statement of Compliance
- Complete and submit Medical Information Form
- Complete and submit Travel Waiver
- Submit electronic copy of photo and signature page of passport
- Submit copy of COVID vaccination record
- Pay non-refundable (but transferable) trip deposit in the amount of \$500 to secure your spot.
- Pay half of trip balance in the amount of \$\_\_\_\_\_ by \_\_\_\_\_
- Pay remaining balance of trip cost in the amount of \$\_\_\_\_\_ by \_\_\_\_\_
- Apply for visa, if applicable



## Trip Application

Trip Location & Dates \_\_\_\_\_  
(Use a separate piece of paper if you require more room for any of the questions.)

### Traveler Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Full Legal Name \_\_\_\_\_

Beneficiary's Name (for travel insurance purposes) \_\_\_\_\_

### Passport Information

Full Name as it appears on Passport \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Passport Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issuing Authority \_\_\_\_\_

*Passport must be valid for at least 6 months following the end of the trip. Full COVID vaccination is required to travel with CofP. Please submit a copy of the signature page of your passport as well as a copy of your COVID vaccination card with application.*

### Airline Ticketing

Preferred Departure Airports (please list 3 letter codes) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Seating Preference (no guarantees):  Aisle  Window  Exit Row  Bulkhead

Frequent Flyer Numbers:

Delta \_\_\_\_\_ American \_\_\_\_\_

United \_\_\_\_\_ Other Needs \_\_\_\_\_

Global Entry # \_\_\_\_\_ Known Traveler # \_\_\_\_\_

Why do you want to participate in this trip? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you expecting from this experience personally? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a Christian? \_\_\_\_\_ Brief Testimony \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Statement of Compliance

I hereby apply for membership on the Children of Promise missions' team as described on this form.

I understand that my acceptance is based on the accurate information contained on this form and other information available to the leader of this mission team. I understand that I am personally responsible for my own fees and expenses and will have my fees paid by the due date(s) or forfeit my position on the team.

If accepted, I will comply with the guidelines and leadership of the team leader. I further agree to do my best to be Christ-like in my work with the team, the hosts, and residents of the country in which we will visit.

I will not hold the team, leader, or Children of Promise liable for problems with travel arrangements or accommodations that are beyond his/her control or that he/she has arranged in good faith.

I give permission to Children of Promise to conduct a background check on me. I understand that this is necessary due to the nature of the missions work with children.

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



## MEDICAL INFORMATION

Traveler Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

What physical limitations do you have (specifics please)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please place a check mark in the box if the statements are TRUE.

I can walk one mile unassisted. Please explain any difficulties you have with walking:

\_\_\_\_\_

I can lift and handle my own carry-on and checked luggage. Please explain if you have difficulty with handling your luggage: \_\_\_\_\_

I am mobile without a walker, cane, crutches, or wheelchair. Please explain any limitations you have: \_\_\_\_\_

What prescription medications are you required to take? \_\_\_\_\_

\_\_\_\_\_

List all allergies (food, medications, and others): \_\_\_\_\_

\_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

You are not required to have medical insurance to participate in a Children of Promise Trip. If you do have medical insurance, this is helpful information for us to have.

Insurance Provider \_\_\_\_\_

Group # \_\_\_\_\_ Your Individual # \_\_\_\_\_

What coverage does your insurance provide while you are outside the United States? \_\_\_\_\_

\_\_\_\_\_



## Travel Waiver, Release and Indemnification Agreement

I, \_\_\_\_\_, hereby release Children of Promise from any liability or legal responsibility in association with my travel, and that of any listed minors, from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_ to the following locations: \_\_\_\_\_.

Furthermore:

I understand and affirm that I am traveling at my own risk and agree to indemnify, defend and hold harmless Children of Promise, their personal representatives, staff, board members, officers, trustees, volunteers and representatives from any and all liability whatsoever, from any and all damages, losses or injuries (including death) to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and/or attorneys fees, which arise out of any travel incidents associated with the above mentioned travel dates.

I understand that I, not only as an individual, but also on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless Children of Promise, their personal representatives, staff, board members, officers, trustees, volunteers and representatives from any and all liability whatsoever from any and all damages, losses or injuries (including death) to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and/or attorneys fees, which arise out of any travel incidents associated with the above mentioned travel dates.

I agree that domestic and international travel may have inherent, natural, unusual, regular, irregular, unknown and known risks associated with it. I have agreed to personally accept those risks and participate in the above noted travel.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Indiana, that it is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

**In signing this Waiver and Release I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that by signing it I am giving up substantial legal rights I might otherwise have, that it is a binding agreement, and that I have signed it knowingly and voluntarily.**

I hereby affirm that I have agreed to the following this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name(s) of Minor Traveler (printed)

\_\_\_\_\_  
Name of Traveler (printed)

\_\_\_\_\_  
Signature