



Trip Checklist

Print this page for your own records.

Submit all documents to Heather Webb at 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
- Complete and submit Photo and Video Release
- Complete and submit Trip Interruption or Cancellation Waiver
- Submit electronic copy of photo and signature page of passport
- Submit copy of COVID vaccination record, if applicable
- Pay trip deposit in the amount of \$500 to secure your spot.
- Look for an email from message@mobilizemyministry.com and complete the online form to give authorization for Children of Promise to run a background check.
- Pay half of trip balance in the amount of \$_____ by _____
- Pay remaining balance of trip cost in the amount of \$_____ by _____
- Consult with your personal doctor regarding recommended and required travel vaccinations
- Apply for visa, if applicable
- Enroll in trip interruption or cancellation insurance provided through Gallagher Charitable. You will receive an email from Gallagher Charitable approximately one week before your departure date with a link to enroll. This add-on is optional but strongly encouraged.



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 strongly encouraged 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, if applicable, 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 attorney’s 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 attorney’s 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



PHOTO AND VIDEO RELEASE

I, _____, hereby give permission for images of myself, and that of any listed minors from _____ to _____, 20__ captured during _____ (Trip) through video, photo, and digital camera, to be used solely for the purposes of Children of Promise promotional material and publications, and waive any rights of compensation or ownership thereto.

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



TRIP INTERRUPTION OR CANCELLATION WAIVER

I, _____, acknowledge that Children of Promise, Inc. encourages all travelers to be fully vaccinated against the COVID-19 virus, to have received vaccinations that the host country(ies) requires, and those vaccinations recommended by Center for Disease Control for the host country(ies). I hereby release Children of Promise, Inc. of any costs that may be incurred if I contract any illnesses before or during my travel with Children of Promise, or if the host country changes entry requirements that causes an interruption or cancellation of my trip. Costs may include, but are not limited to, change of flight itineraries, hotel stays, required quarantine by the host country, and medical bills. I acknowledge that all payments made to Children of Promise for this trip are non-refundable and I have been encouraged to enroll in optional trip cancellation and interruption insurance.

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(s) (printed)

Name of Traveler (printed)

Signature