



**Love Abides**

55535 Fairfield Ave.  
Pine City, MN. 55063

MissionKenya2022

**Application**

PLEASE PRINT CLEARLY!

**PERSONAL INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell phone number \_\_\_\_\_

Trip location Tawa, Kenya Date of trip In Kenya 6/10/22 – 6/20/22

**YOUR TRIP REQUIRES A PASSPORT AND PROOF OF COVID19 VACCINATION. PLEASE ATTACH A COPY OF YOUR PASSPORT AND VACCINE CARD TO THIS APPLICATION OR SEND IN SEPARATELY IF YOU ARE STILL WAITING FOR YOUR THEM.**

Name as it appears on your passport \_\_\_\_\_ Passport number \_\_\_\_\_

**MEDICAL INFORMATION**

All participants **MUST** have health insurance!  
Applications **WILL NOT** be processed without  
insurance information.

**Please attach a copy of your insurance card  
with your application.**

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_

\*Date of last tetanus shot (must be within last 10 years) \_\_\_\_\_ Bring a supply of your regular medication with you.

Check if any apply to you: ☐ Allergies ☐ Bee reaction ☐ Dizziness ☐ Hay fever ☐ Heart trouble  
☐ Physical Disability ☐ High blood pressure ☐ Respiratory problems  
☐ Diabetes ☐ Epilepsy ☐ Recent surgery ☐ Pregnant ☐ Regular meds

Please describe below any conditions that apply, such as allergies, dietary restrictions, physical limitations, etc.

**By signing below, I certify that all of the information on this application is correct.**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**So that we may get to know you better, please answer the following (optional):**

1. Describe your relationship to Jesus

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2. Why do you feel led to go on this trip?

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3. What gifts or talents do you have that God can use on this trip?

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4. What are you most looking forward to on this trip?

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5. How can we pray for you?

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*"So now faith, hope, and **love abide**, these three; but the greatest of these is **love**."  
1 Corinthians 13:13*



## **LIABILITY WAIVER AND MEDICAL RELEASE**

In consideration of being allowed to participate in this mission trip with Love Abides, and in consideration of the benefits I will receive from taking part in this trip, I hereby release Love Abides, their board of directors, trip leaders, and local mission associates in Kenya from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the mission trip to Kenya from 6/9/22 – 6/21/22.

I recognize that the conditions in some of the places to which I, my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks (including Covid19) as well as other risks to person and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. If for any reason my child or I are unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home, as well as my return home.

I agree that by participating in this trip, my picture may be taken and used by Love Abides in public exhibits or online to promote this trip or future trips. I understand that videos and/or pictures may include me or my family members and may be shared in public ways. This authorization includes any means of communication at any place for any lawful purpose. I waive any right that I, my spouse, and/or my child might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

In the event of an emergency, I hereby authorize a leader of this trip - as an agent for me, my spouse or my child, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital.

I give permission for the trip leaders to make medical decisions for me if I am unable to do so.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding illness, injury or property damages, arising out of my participation in the trip.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from my participation in this trip.

I certify that I am of lawful age and competent to sign this release, and have done so voluntarily.

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SIGNATURE

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DATE

**Sign and date pages 1 and 3. Print out all 3 pages and mail with your check for \$200. This deposit will hold your spot and will be taken off your total price. Deposits are refundable only up until time of first trip payment in February. Make checks payable to "Love Abides" and mail to: 55535 Fairfield Ave. Pine City, MN. 55063**