



Love Abides

55535 Fairfield Ave.
Pine City, MN. 55063

MissionKenya2024

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 6/12/24 – 6/26/24 (in Kenya 6/13 – 6/25)

YOUR TRIP REQUIRES A PASSPORT. PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION OR SEND IN SEPARATELY IF YOU ARE STILL WAITING FOR IT.

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

Mental health concerns Physical Disability High blood pressure Respiratory problems

Special dietary needs Diabetes Epilepsy Recent surgery Pregnant Regular meds

Use the line below to further explain any conditions from above. List any allergies, dietary restrictions, physical limitations, etc.

By signing below, I certify that all of the information on this application is true and correct. I also understand that my application is subject to review and approval by the Love Abides board of directors.

NAME _____

DATE _____

Please answer these 3 questions (required):

There could be times on this trip when we may be in less-than-ideal surroundings. Physical work and interaction with others may be difficult physically as well as emotionally. Do you feel that you have any challenges in dealing with such circumstances? YES ____ NO ____

EXPLAIN _____

How well do you react to new situations/experiences? _____

How do you respond when there are unexpected changes in plans? _____

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

1. Describe your relationship to Jesus

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

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

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

5. How can we pray for you?

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

Code of Conduct

Our desire is to see each member of this team have a tremendously positive experience. This includes safety, well-being, freedom from unhealthy conflict throughout the trip, with the itinerary being filled with great opportunity for serving others, giving hope, and propelling forward what Love Abides hopes to bring to Tawa/Kakuswi. To that end, we know that it is vital to establish clear communication about how the team will operate together and how team members must conduct themselves. We do not expect everyone to believe the same way we do in every way. But we do hope your experience with Love Abides will open your eyes to the love that Jesus Christ has for you and others. Because team members will be perceived as representatives of Love Abides' work while on this trip, here are guidelines we will require each team member to adhere to during the trip:

- * I will give the team leaders my respect and support. A spirit of unity, gentleness, care and concern for my teammates will guide my thoughts and actions throughout this trip.
- * I will take care not to participate in activities which may be seen by others on my team or local residents as inconsistent with a Christian lifestyle. I understand that I am required for the duration of the trip to adhere to behavior that represents Love Abides well.
- * I will adhere to any dress code established during the trip. I understand that dress codes vary widely depending on the local setting and what is considered appropriate attire.
- * I will always guard my language, being aware that some words are perceived to be more offensive in other cultures than they are in my own.
- * I will not use tobacco products at our host's home, the schools, or while out in the community.
- * I will not drink alcoholic beverages during the trip unless expressly permitted to do so. I understand that there are some occasions when adults may drink alcohol, such as going out to dinner or at the safari camp. I will only drink responsibly and in moderation.
- * I will not possess, use, or distribute any drug or substances for which possession or distribution is unlawful at any time in our country or the location we are visiting.
- * I will adhere to any rooming arrangements deemed necessary by our team leaders. Team members will be asked to share room space with other team members of the same gender.
- * I will abide by any additional guidelines which may be deemed necessary by the team leaders during the trip.
- * I will not leave the team or the vicinity of our work unless directed or expressly permitted to do so by team leaders.
- * I will approach team leaders with any questions or concerns that may come up and keep lines of communication open.

I have read and understand the above guidelines.

Name

Date

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 6/12/24 – 6/26/24.

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.

SIGNATURE

DATE

****Attach a letter of recommendation from a pastor, employer, or someone else in leadership. The letter should give reasons why they feel you would be a good member of this mission team as well as share any concerns they may have about you going on this trip.**

Sign and date pages 1, 3, and 4 of the application, and have your doctor sign page 5. Print out all pages. Mail the 5 page application, letter of recommendation, and your check for \$200. This deposit will hold your spot and will be taken off your total price. Deposits are refundable only up until the time of first trip payment in January.

Make checks payable to "Love Abides"
Mail to: 55535 Fairfield Ave., Pine City, MN. 55063

PHYSICIAN'S RELEASE & EVALUATION

PATIENT NAME _____

LOCATION OF MISSION TRIP Kenya DATE OF MISSION TRIP 6/12/24 – 6/26/24

DOES PATIENT HAVE ANY MEDICAL CONDITIONS IMPORTANT TO COMMUNICATE IN THE EVENT OF A MEDICAL EMERGENCY?

DOES PATIENT HAVE ANY MEDICAL LIMITATIONS OR RESTRICTIONS THAT WOULD PREVENT PATIENT FROM PARTICIPATING IN ANY PLANNED OR UNEXPECTED STRENUOUS PHYSICAL ACTIVITY?

AFTER DISCUSSING THE ACTIVITIES OF THE MISSION TRIP AND REQUIRED INTERNATIONAL TRAVEL WITH THE PATIENT, DO YOU HAVE ANY CONCERNS (WITH EITHER THEIR PHYSICAL OR MENTAL HEALTH) ABOUT THIS PATIENT PARTICIPATING IN THE TRIP?

PHYSICIAN SIGNATURE _____ DATE _____

PHYSICIAN NAME *Please Print* _____ PHONE _____

PHYSICAL ADDRESS _____