



Mission Team Member Information Form

Name (as it appears on Passport): _____ Preferred Name: _____

Passport Number: _____ Passport Expiration Date: _____

Issuing Authority listed on Passport: _____

Birth Date: _____ Age: _____ E-mail Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Work # (if you may be contacted at work): () _____

Weight (in Kilograms) _____ (This is needed for the in-country flight with MAF)

Shirt Size: S M L XL 2X 3X

Church / Team Name: _____

Emergency Contact and Phone Number: _____

Beneficiary: _____

Preferred Location for Mission Trip: _____

Preferred Dates for Mission Trip: _____

Do you have any medical restrictions/handicaps/medical allergies that we need to be aware of?

No Yes (If yes, explain) _____

Each team member is required to submit a \$200.00 non-refundable/non-transferable deposit fee in order to secure a spot on a team, as well as the Waiver of Liability form. All checks should be made payable to Four Corners Ministries (FCM) and mailed to 202 South 8th Street, Opelika, AL 36801. We would like to request that half of your trip fees are paid at least 60 days prior to departure with the remaining balance due 30 days prior to departure. A position on the team cannot be held until the Waiver and the deposit are received.

Cancellation Policy: In the case that you have to cancel your trip due to unforeseen circumstances, you are responsible for the cost of your flight after it is booked. For any cancellation made one month prior to your trip, there is no guarantee that FCM can refund your trip fees.

(Signature)

(Date)



Release of Liability

In signing this form, I, _____, agree not to hold Four Corners Ministries (FCM), her officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on a short-term missions event/effort.

I realize and acknowledge that my participation on a mission trip to a foreign country includes risk and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation in a short-term mission's project, and I unconditionally agree to hold Four Corners Ministries (FCM), its officers, employees, or other agents blameless for any liability concerning my personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while on a short-term mission trip. I also give permission for the Four Corners Staff to obtain medical assistance for me in case of illness or injury.

Signed: _____

Parent's Signature (if under 19 years of age): _____

And dated this _____ day of _____, 20_____.

The following is to be completed by the Notary Public witnessing the individual's signature.

The State of _____ the County of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me

that he executed the same for the purpose and consideration therein expressed. Given under my

hand and the seal of the office this _____ day of _____, A.D. _____

Notary Public Signature _____

My commission expires the _____ day of _____, A.D. _____