

Alaska Mission Trip

June 2022



TRIP FACTS

- **Date:** June 18-25, 2022
- **Location:** Kenai Peninsula, Alaska
- **Cost:** \$1,800

TRIP OVERVIEW

We'll spend a week serving the people of the Kenai Peninsula of Alaska. We will be hosting sports camps for local children. More info about Alaska Missions can be found on their website. www.AkMissions.org

MEETING DATES

Dates listed are MANDATORY and will take place from 3-5pm. Location TBD

- February 27th
- March 27th
- May 15th
- June 12th

TO APPLY

The documents below must be returned to Graham no later than February 13th with a \$500 non-refundable deposit.

- RealLife Trip Application - pg 1
- RealLife Waiver - pg 2
- AK Missions Waiver - pgs 3-4
- AK Missions Testimony - pgs 5-6
- Color Copy of Picture I.D.
 - Must be government issued

Graham Monteleone 509-679-0482

FUNDRAISING

The raising of funds is the individual responsibility of each trip member. However, these are ways we can help.

- Support Letter Writing
- Manual Labor Jobs
- Fundraisers
 - Yard Sale (4/8-9/22)

Participation Authorization and Consent to Emergency Medical Treatment Form

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of **REAL LIFE LAKE CHELAN**: Alaska Youth Missions Trip (hereafter "the activity") on or about June 18-25 of 2022. I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **REAL LIFE LAKE CHELAN**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **REAL LIFE LAKE CHELAN**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Name of Participant _____

Parent Signature _____ Date Signed _____

Parent Printed Name _____

Emergency Contact _____ Phone _____

Insurance
Provider _____

Policy and/or Group Number _____

© 2010 GuideOne Center for Risk Management, LLC. All rights reserved.

This material is for information only and is not intended to provide legal or professional advice. You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

ALASKA MISSIONS VOLUNTEER WAIVER

Effective Date: ____/____/____ Birthdate: ____/____/____ (Date you arrive in Alaska)

Volunteer: [Legal Name]_____ Mailing

Address: [Street or PO Box]_____

[City]_____ [State]_____ [Zip]_____

Phone Number: (____)____-____ This is a: Cell Phone Home Phone Email:

Organization: **Alaska Missions and Retreats 501(c)(3)**

Physical Address: **44424 Kalifornsky Beach Road
Soldotna, AK 99669**

Mailing Address: **P.O. Box 833
Soldotna, AK 99669**

PLEASE INITIAL IN FRONT OF EACH STATEMENT AND SIGN THE BOTTOM OF PAGE 3.

I, the above listed Volunteer, desire to work as a volunteer for the Organization and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

____I, the Volunteer, release and hold harmless the Organization and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arises or may hereafter arise from my volunteer work with the Organization.

____I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

____I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expenses.

3

Alaska Missions and Retreats
Individual Registration Packet
- KP Sports Camp



P.O. Box 833 ~ Soldotna, AK 99669
800-794-5450 (phone) ~~ 888-580-4765 (fax) ~~ SportsCamp@akmissions.com

____ I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

____ I understand that my time with the Organization may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death or property damage resulting from the activities of my time with the Organization.

____ I grant unto the Organization all right, title and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds or other benefits that are derived from such photographs or recordings.

____ I grant the Organization permission to send me email correspondence and text messages for the purposes of project updates, general information, and fundraising.

____ I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Alaska in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Alaska. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

____ With the changing health concerns and mandates should you arrive in Alaska and test positive with Covid-19, or encounter any other health issues, Alaska Missions and Retreats will not be responsible for any ensuing expenses. All expenses for lodging, meals, transportation, and health needs are the full responsibility of the individual. ****We highly recommend during this uncertain time you obtain travel insurance (with additional medical coverage) in the event you have any health difficulties while in Alaska.****

____ I understand I must undergo Covid-19 Testing 72 hours (3 days) prior to travel and send a copy to the AK Missions Office. If this requirement changes, I will do whatever is required of me to travel to Alaska.

____ AKMR will not be held liable for the consequences of any failure to perform, or default in performing, any of their obligations under this Agreement, if that failure or default is caused by any unforeseeable Force Majeure, beyond the control of, and without the fault or negligence of, AKMR. For the purposes of this Agreement, Force Majeure will mean war (whether declared or not); revolution; invasion; insurrection; riot; civil commotion; sabotage; military or usurped power; lightning; explosion; fire; storm; drought; flood; earthquake; epidemic; quarantine; strikes; acts or restraints of governmental authorities affecting the project or directly or indirectly prohibiting or restricting the furnishing or use of materials or labor required; inability to secure materials, machinery, equipment or labor because of priority, allocation or other regulations of any governmental authorities. Deposits and participation fees will not be refunded in situations of Force Majeure.

Volunteer's Signature Date

Print

Volunteer's Name My Team (Church) Name

Mission Event I Am Attending: KP Sports Camp

4



Alaska Missions and Retreats
Individual Registration Packet
– KP Sports Camp

P.O. Box 833, Soldotna, AK 99669
800-794-5450 (phone) 888-580-4765 (fax)

Participant Personal Testimony

Name _____ Church Name _____

Pastor's Name _____ Church Phone # _____

As you come join us in this mission outreach, we would like to hear a little about your personal journey with the Lord. Please give thoughtful answers to the following questions.

1. Briefly share your personal testimony of how you became a Christian.

2. Describe your relationship with Christ at this time.

3. Do you have any mission experience? If yes, when and where?

4. Why do you want to take part in this mission outreach project?

5. What are some of your skills/gifts/talents that you bring to this project?