

Alaska Mission Trip

August 2020



TRIP FACTS

Date: August 8-15, 2020

Location: Kenai Peninsula, Alaska

Cost: \$1,400

TRIP OVERVIEW

We'll spend a week serving the people of the Kenai Peninsula of Alaska. The week will be spent doing construction work and

growing together in our relationships with one another and with Christ.

MEETING DATES

Dates listed are MANDATORY and will take place at the Chelan Fire Station from 3-5pm

- February 23rd
- April 19th
- May 31st
- July 26th

TO APPLY

The documents below must be returned to Graham no later than February 16th with a \$300 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

FUNDRAISING

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

- Support Letter Writing
- Manual Labor Jobs
- Fundraisers
 - Yard Sale



SafeChurch®

Minor 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 RealLife Church: Alaska Missions Trip (hereafter "the activity") on August 8-15th, 2020. 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 RealLife, 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 RealLife 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 _____

Mailing Address _____

Parent Name _____

Parent Signature _____

Best Emergency Contact Number _____

Insurance Provider: _____

Policy Number: _____



(07.01.08)

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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.



PO Box 833, Soldotna, AK 99669
800-794-5450 (phone) | 888-580-4765 (fax) | construction@akmissions.com

ALASKA MISSIONS VOLUNTEER WAIVER

Effective Date _____ / _____ / _____ Birthdate _____ / _____ / _____
(Date you arrive in Alaska)

Volunteer: [Legal Name] _____

Located at [Address] _____

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

Phone Number (____) _____ - _____ (Type) _____

Email: _____

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

Physical Address: **44424 KBeach Road
Soldotna, AK 99669**

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

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 arise 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 expense.

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 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.

Volunteer's Signature (Signature of Parent or Guardian if a minor) Date

Print Volunteer's Name

Kenai Construction

Mission Event

Team Name



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Participant Personal Testimony

(If you are a returning team member and have a copy from last year, make any necessary changes and resubmit.)

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? When/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?