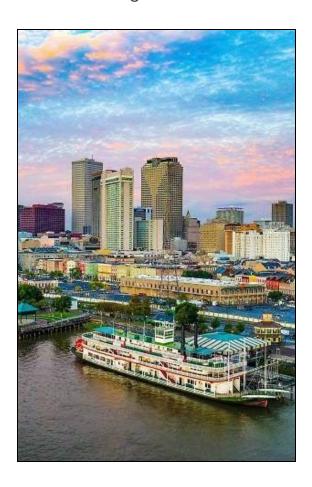
New Orleans Mission Trip

August 2021



TRIP FACTS

Date: August 7-13, 2021

Location: New Orleans, Luisiana

Cost: \$1,100

TRIP OVERVIEW

We'll spend our week serving alongside Kaleo Missions and local pastor Justin Haynes as they serve N.O. in some of the poorest neighborhoods in the city. More information about Kaleo Missions and their N.O. location can be found on their website. www.kaleomissions.org

MEETING DATES

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

- March 14th
- April 18th
- May 23rd
- August 1st

TO APPLY

The documents below must be returned to Jeff Pearl or the RealLife Office no later than February 15th with a \$300 deposit.

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

Jeff Pearl 509-885-0022

FUNDRAISING

The raising of funds is the individual responsibility of each trip member. With that being said and in light of the current state of the world, we will do our best to provide as many fundraising possibilities as we can but might also be limited in how/when those are carried out. However, these are some ways we can help out.

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

New Orleans Missions Trip Application

August 2021

Full Legal Name						Date of	f Birth
Cell Phone Number Trip				Age	You V	Vill Be	on the
Mailing Address		City	7			Zip Co	de
Student Signature							
Parent Signature							
Shirt Size Needed -	S	M	L	XL	XXI		
Allergies, Medications	or Di	ietary	Rest	trictio	ns		

Please Answer the Following Questions (there's a back too)

• Why do you want to go to New Orleans on this trip?

•	Have you ever been on a missions trip before? O Where and with whom?
•	Have you ever been to the South before (Florida, Georgia, N. Carolina, S. Carolina, Virginia, W. Virginia, Delaware, Alabama, Kentucky, Mississippi, Tennessee, Arkansas Louisiana, Oklahoma or Texas) • Where and why did you go?
•	Are you a Christian? If so, how did you come to know Christ Use a separate sheet of paper if needed.
•	What is your greatest fear about going to New Orleans?
•	What strengths do you have that would contribute to our team?

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 : New Orleans Youth Missions Trip (hereafter "the activity") on or about August 7-13 of 2021.
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 _____



RELEASE AND WAIVER OF LIABILITY FOR KALEO MISSIONS VOLUNTEERS AND STAFF

Name of Volunteer:
Age Group (Circle One): 18 or younger 19-55 55+
Home Address:
Email:Phone Number:
Would you like us to add you to our email list for ministry updates and volunteer opportunities? Ves No
Emergency Contact Name: Relationship to volunteer:
Emergency Phone:
This Release and Waiver of Liability, (the "Release") executed on this day of, 20, by, the Volunteer, in favor of Kaleo Missions, a not-for-profit agency, their directors, officers, employees and agents. The Volunteer desires to work as a volunteer for Kaleo Missions and engage in activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include, but are not limited to, organizing, cleaning, preparing meals, performing yard maintenance, remodeling, repair and up keep of buildings, moving household furnishings and fixtures, loading and unloading supplies,
working with children, playing sports, and interacting with individuals. The Volunteer does

1. RELEASE AND WAIVER: Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless Kaleo Missions and its officers, directors, trustees, employees, agents, insurers and representatives, 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 Volunteer's Activities with Kaleo Missions. Volunteer understands that this Release discharges Kaleo Missions from any liability or claim that the Volunteer may have against Kaleo Missions with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Kaleo Missions, whether caused by the negligence of Kaleo Missions or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against Kaleo Missions for any such injury or damage. Volunteer also understands that Kaleo Missions does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

hereby freely, voluntarily, and without duress execute this Release under the following terms:

2. MEDICAL TREATMENT: Volunteer does hereby release and forever discharges Kaleo Missions from any claim whatsoever which arises or may hereafter arise on account of any first aid,

treatment, or service rendered in connection with the Volunteer's Activities with Kaleo Missions. Volunteer authorizes Kaleo Missions to act, in its best judgment, on Volunteer's behalf in case of an emergency.

- 3. ASSUMPTION OF THE RISK: The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, organizing, cleaning, preparing meals, performing yard maintenance, remodeling, repair and up keep of buildings, moving household furnishings and fixtures, loading and unloading supplies, working with children, playing sports, and interacting with individuals. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Kaleo Missions from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. VOLUNTARY SERVICE: Volunteer understands and acknowledges that he/she may decline any volunteer role or position at any time if he/she feels such role or position presents a risk to health or safety or for any other reason. Volunteer agrees to advise Kaleo Missions of any preexisting conditions that would preclude involvement in any activity.
- 5. INSURANCE: The Volunteer understands that, except as otherwise agreed upon by Kaleo Missions in writing, Kaleo Missions does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.
- 6. OTHER: Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Volunteer agrees that in the event that any clause or provision of this Release 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 will continue to be enforceable. Volunteer represents if he/she is 18 years of age or older.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto Kaleo Missions all right, title and interest in any and all photographic images and video or audio recordings made by Kaleo Missions during the Volunteer's Activities with Kaleo Missions, including, but not limited to, any donations, proceeds, or other benefits derived from such photographs or recordings.

IN WITNESS WHEREOF, Volunteer has executed this Release as to the day and year first written.

Volunteer's Signature	Date	Signature of Parent or Guardian	Date
		if Volunteer is less than 18 years old	