

Alaska Mission Trip

June 2024



TRIP FACTS

- **Date:** June 15-22, 2024
- **Location:** Kenai Peninsula, Alaska
- **Cost:** \$2,000

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 and doing work projects in Nikiski, AK. 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 25th
- March 24th
- May 5th
- June 2nd

TO APPLY

The documents below must be returned to Graham no later than February 18th with a \$500 non-refundable deposit.

- RealLife Trip Application - pgs 1 & 2
- RealLife Waiver - pg 3
- Color Copy of Picture I.D.
 - Must be government issued
 - Due one month before trip

Paperwork and deposit can be turned in to Graham or dropped off at the RealLife office

Graham Monteleone 509-679-0482

FUNDRAISING

The raising of funds is the individual responsibility of each trip member and must be paid in-full on or before 6/9/24. However, these are ways we can help.

- Support Letter Writing
- Manual Labor Jobs
- Fundraisers
 - Yard Sale (4/5 & 6)
- All funds are due one week before the trip

Alaska Missions Trip Application

June 2024

Full Legal Name

Date of Birth

Cell Phone Number

Age You Will Be on the Trip

Mailing Address

City

Zip Code

Shirt Size Needed - S M L XL XXL

Food Allergies or Restrictions

Medications Taken or Other Medical Needs

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

- **Why do you want to go to Alaska on this trip?**

- **Have you ever been on a missions trip before?**
 - **Where and with whom?**

- **Have you ever been to Alaska**
 - **Where and why did you go?**

- Are you a Christian or spiritual or something else? If so, how did you come to know Christ? If not, just state that. We just want to get an idea of where you're at spiritually?
 - Use a separate sheet of paper if needed.

- What is your greatest fear about going to Alaska?

- What strengths do you have that would contribute to our team?

-
- (Yes or No) Are you willing to adhere to all the rules?

- (Yes or No) Are you willing to work hard & put the needs of the team before your own?

- (Yes or No) Are you willing and able to make ALL of the four mandatory meetings?

*Unexcused absences from one mandatory meeting can result in you not being allowed to attend this trip

Student Signature

- Parents, by signing below you understand and agree:
 - The fundraising for this trip is your child's responsibility and the trip must be paid for in-full one week before our departure date?
 - The deposit and future money raised are non-refundable as many trip expenses are paid well in advance and are not recoverable by the church?

Parent Signature



Minor Participation Authorization and Consent to Emergency Medical Treatment Form - Sample

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 Church:Alaska Missions Trip**(hereafter "the activity") on or about June, 2024.

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 Church**, 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 Church**, 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.

Date Signed _____

Signature _____

Printed Name _____

(07.01.08)

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.