Costa Rica Mission Trip

August 2025



TRIP FACTS

• **Date**: August 8-15, 2025

• Location: Nicoya Peninsula, CR

• Cost: \$2,000

TRIP OVERVIEW

We'll spend a week serving with the Benedict Family in Costa Rica. We will be ministering to the underserved people of the Nicoya Peninsula through work projects and food distribution.



MEETING DATES

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

- March 16th
- May 4th
- July 13th
- August 3rd

TO APPLY

The documents below must be returned to Graham Monteleone or Matt Smith no later than March 9th with a \$500 deposit.

- RealLife Trip Application pgs 1 & 2
- RealLife Waiver pg 3
- Parent Consent Forms pg 4-7
- Valid, Physical Passport

Paperwork and deposit can be dropped off at the RealLife office in the Community Center

Matt Smith 208-906-6411 **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 8/3/25. However, these are ways we can help.

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

Costa Rica Missions Trip Application

August 2025

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 Restrict	tions			
Medications Taken or Ot	her Medical Needs			

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

- Why do you want to go on this trip to Costa Rica?
- Have you ever been on a missions trip before?
 - Owner of the own of
- Have you ever been to Costa Rica or anywhere else in Central America

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 Costa Rica?
What strengths do you have that would contribute to our team?
Please circle yes or now for each of the following questions:
(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 five 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

I, the undersigned, certify that I am the parent or letthe "minor child").	egal guard	dian of	(hereafter	
I hereby give my consent to have my minor child p Real Life Church:Costa Rica Missions Trip(herea				
I recognize that there are risks involved in participating in this activity and hereby assume all of injury, harm, damage, or death to my minor child in connection with his/her participatio this activity.				
To the fullest extent permitted by law, I releadirectors, employees, agents and representatives may occur to my minor child while participating harmless Real Life Church , its trustees, or representatives from any claims arising out of my representatives.	from any in the a officers,	injury, harm, damagactivity and agree to directors, employee	e or death which save and hold es, agents and	
Further, being the parent or legal guardian of the surgical, x-ray, anesthetic, or dental treatment the child. I understand that efforts will be made to contain the reached in an emergency, I give perfect decisions necessary for treatment. Should the permission to the attending physician to treat munderstand that I am responsible for the health cannot insurance plan is the primary plan to pay treatment that is given to my minor child. Any insponsoring this event will be used as the secondary	hat may ontact me ermission ere be ray minor are decision for the rayurance	be deemed necessary prior to treatment be to the activity leader a child. As parent or ions of my minor chimedical, dental, or policy of the church	ary for my minor but, in the event I der to make the available, I give legal guardian, I ld and agree that hospital care or	
Student's Name	Grade	Gender	_	
Parent's Name:		Cell Phone:		
Parent's Signature:		Da	te:	
Child's Insurance:			_	
Allergies or Medications:				
(07.01.08)				

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.

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REALLIFE CHURCH PARENTAL/GUARDIAN CONSENT FORM FOR MINOR TO TRAVEL ABROAD

I. Parental/Guardian Consent

The undersigned parents or legal guardians of the below-named minor (the "Child") understand that the Child will be participating in an international trip organized by RealLife Church ("RealLife"). The undersigned hereby grants their consent for their child to travel out of the United States with RealLife, under the supervision of RealLife, its officers, directors, employees, volunteers, agents, affiliates, and representatives.

II. Consenting Parent/Guardian Information

Consenting Parent/Guardian #1:
Name:
Relationship to Minor:
Permanent Address:
Phone Number(s):
Email(s):*If the undersigned is not a biological parent, please provide legal documentation of guardianship or othe
*If the undersigned is not a biological parent, please provide legal documentation of guardianship or othe legal authority.
Consenting Parent/Guardian #2: Name:
Relationship to Minor:
Permanent Address:
Phone Number(s):
Email(s):* *If the undersigned is not a biological parent, please provide legal documentation of guardianship or othe
*If the undersigned is not a biological parent, please provide legal documentation of guardianship or othe legal authority.
III. Child Participant Information
Full Name of Child:
Date of Birth:
Passport Nationality: Issue Date:
Passport Number:
IV. Trip Information
Purpose of Travel:
Destination(s):
Dates of Travel:

V. Parent/Guardian Acknowledgment and Indemnification Agreement

Travel Acknowledgment and Authorization: The undersigned Parent/Guardian acknowledge that the Child will be traveling internationally with RealLife for the purpose and to the destination above listed. This indemnification agreement shall remain in full force and effect throughout the duration of the Child's international travel with RealLife and for any future claims or disputes that may arise in connection with the trip. The undersigned further acknowledge that the Child will be under the care and supervision of RealLife, its employees, volunteers, officers, and agents. The undersigned Parent/Guardian are allowing the Child to travel with RealLife voluntarily and at their own risk.

Indemnification of RealLife: The undersigned Parent/Guardian hereby agree to indemnify, defend, and hold harmless RealLife, its officers, directors, employees, volunteers, agents, affiliates, and representatives (collectively referred to as the "Indemnified Parties") from and against any and all claims, demands, suits, actions, liabilities, damages, losses, costs, expenses, or judgments (including attorneys' fees) arising out of, related to, or resulting from the participation of the Child in international travel with the Indemnified Parties, including but not limited to: (1) any injury, illness, or harm to the Child, whether physical or emotional, that may occur during the trip; (2) any incident related to the Child's travel that arises during the period of time the Child is under the care, custody, and control of the Indemnified Parties; and (3) any claims made by the non-consenting parent/guardian or third parties related to the Child's travel, participation, or conduct during the trip.

Indemnification of Parent/Guardian: The undersigned Parent/Guardian acknowledges and agrees that they will not, under any circumstances, take legal action, initiate any claims, or make any demands against the other Parent/Guardian in relation to the Child's participation. This includes, but is not limited to, claims for damages, custody disputes, or any other issues that may arise regarding the Child's travel or activities while abroad.

The undersigned Parent/Guardian further agrees that they are solely responsible for any issues arising from their consent to the Child's international travel, and that no claim or liability shall be transferred to RealLife or any of its Indemnified Parties.

Authority to Consent: By signing below, the undersigned Parent/Guardian affirms that they have the legal authority to make decisions regarding the Child's travel, and that they fully understand and agree to the terms and conditions set forth in this indemnification clause.

The undersigned Parent/Guardian understands and acknowledges that RealLife is providing a supervised travel experience, but that the final responsibility for the Child's participation, including obtaining consent from all relevant parties, rests with the undersigned Parent/Guardian.

PARENT/GUARDIAN #1'S SIGNATURE

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions outlined in this consent form. I further acknowledge that I have provided accurate information about my authority to execute this document.

Signature:
Parent/Guardian #1's Full Name:
Date:
STATE OF WASHINGTON)
STATE OF WASHINGTON)) ss. COUNTY OF) Leartify that I know or have satisfactory evidence that (Parent/Guardian's Name)
I certify that I know or have satisfactory evidence that (Parent/Guardian's Name)
is the person who appeared
before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes nentioned in this instrument.
VITNESS my hand and official seal hereto affixed this day of, 20
Print Name:
NOTARY PUBLIC in and for the State of Washington.
My Appointment Expires:

PARENT/GUARDIAN #2'S SIGNATURE

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions outlined in this consent form. I further acknowledge that I have provided accurate information about my authority to execute this document.

Signature:
Parent/Guardian #2's Full Name:
Date:
STATE OF WASHINGTON)) ss.
) ss. COUNTY OF)
I certify that I know or have satisfactory evidence that (Parent/Guardian's Name)
is the person who appeared before me, and said person acknowledged that he/she signed this instrument and
acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.
WITNESS my hand and official seal hereto affixed this day of, 20
Print Name:
Print Name:
NO IARY PUBLIC in and for the State of Washington. My Appointment Expires: