

Costa Rica Mission Trip

August 2026



TRIP FACTS

- **Date:** August 7-15, 2026
- **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.

**CHECK OUT
LAST YEARS
VIDEO**



MEETING DATES

Dates listed are MANDATORY and will take place from 3-5pm at the Community Center.

- February 22nd
- March 22nd
- May 17th
- July 26th

TO APPLY

The documents below must be returned to Graham Monteleone or Matt Smith no later than February 15th 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 RL office in the Community Center

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 7/26/26. However, these are ways we can help.

- Support Letter Writing
- Manual Labor Jobs
- Chelan's Biggest Yard Sale (4/10 & 11)
- All funds are due two weeks before the trip

NEW THIS YEAR

Mandatory parent meeting. February 22, 2:00pm at the Community Center

Costa Rica Missions Trip Application

August 2026

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 on this trip to Costa Rica?
- Have you ever been on a missions trip before?
 - Where and with whom?
- 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 no 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 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 two weeks 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 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: Costa Rica Missions Trip** (hereafter "the activity") on or about August, 2026.

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.

Student's Name _____ Grade _____ Gender _____

Parent's Name: _____ Cell Phone: _____

Parent's Signature: _____ Date: _____

Child's Insurance: _____

Allergies or Medications: _____

(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.

**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, 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 other 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 other 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)
COUNTY OF _____)
) ss.

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.

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)
COUNTY OF _____)
) ss.

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: _____
NOTARY PUBLIC in and for the State of Washington.
My Appointment Expires: _____