

GLOBAL OUTREACH SHORT-TERM TRIP

Policies, Procedures & Legal Documents



POLICIES & PROCEDURES

Registering for a Trip:

- Step 1: Submit your application online at baysideonline.com/go
- Step 2: Pay the \$200 application fee (found at the end of online application).
 - Note: this fee will go towards your total trip cost. In the event, we are unable to place you on one of our short-term trips; we will refund you that money; however if you decide you no longer want to go on the trip, you will be forfeiting the application fee.
- Step 3: Interview with a member of the global leadership team.
 - Within two weeks of the application being turned in, a representative of the global outreach leadership team will contact you. Please bring these documents with you to your interview.

FINANCIAL RESPONSIBILITIES

Trip Cost Includes:

- Airfare
 - Food
 - Travel
 - Lodging
 - Administrative support
 - Debrief costs
 - Misc. expenses
- **All trip costs are the team member's responsibility.** We provide information on raising financial support however, if full support is not raised, **the balance is your responsibility.** Standard timeframes for having all monies raised is 2 – 3 weeks prior to departure. However, due to the purchase of airline tickets or other hard costs, updated financial responsibility deadlines will be provided for specific trips. Raising funds may not be started until you are notified of acceptance to a team.
 - **Final payment** – All funds must be turned in according to the schedule that is assigned by Global Outreach with final payment being due 3 weeks before trip departure. Again, please note, most trips require airline fees sooner than the final payment. Updated financial responsibility deadlines will be provided for all trips.
 - If you are unable to participate on your trip, the team leader must receive cancellation notice as soon as possible. **You will be responsible for all trip costs incurred at time of cancellation.**
 - In the event of having to cancel your trip, refunds cannot be given to donors. It is your responsibility to call your donors and notify them of the changes.
 - All monies raised are applied to a specific location (i.e. Colombia) not a specific person. In the event you are unable to go, your support raised will be put towards expenses on that trip or other ministry needs in that country. While individuals and teams are working to raise funds, the funds are essentially to support an entire team.
 - Team members will be given information about passports and vaccination recommendations from the department of health. **Passport and Vaccination costs are not included in the trip costs and are the responsibility of the team member.** Team members assume the responsibility and the liability for their personal health decisions.
 - Support gifts put towards mission trips are contributions and the IRS prohibits the refund of contributions.
 - You are financially responsible to be Live Scanned (finger printed). We will have a company on hand at training to Live Scan all participants that will be going out of country.
 - **Please keep this for your records** -

PARTICIPANT EXPECTATIONS

Basic Criteria for Participants:

- A follower of Jesus Christ
- Actively involved at Bayside Church
- A Team Player wanting to see God at work in and through His people
- An Individual with a passion for God and his people
- Able to work under the authority of your team leader and submit to their leadership

Time Allotment: Short term mission trips can be rewarding and life changing; however, they do require a significant amount of time for preparation and training and can also be stressful. Please consider factors in your personal life at this time that may distract and prohibit you from fully committing to the purpose of the trip and adapting to unusual conditions.

Training: Participants are expected to attend all trainings and team building sessions prior to the trip.

Prayer: Participants are expected to have a group of people praying for him/ her while on the trip.

PREPARATION & TRAINING

TRAININGS:

Please note we do not take these trips lightly. Be prepared to dedicate a significant amount of time to get ready – support raising, team trainings and all-group trainings, when applicable. Training is absolutely critical to a successful trip. We receive incredible feedback from our partners as a result of the training our teams go through. It is a blessing on both ends to have our teams prepared. Training will incorporate general missions preparation as well as training that will be specific to your destination and type of ministry. You will be required to participate in 3 – 6 trainings, in either a small group setting or a large group training that includes several teams.

SUPPORT RAISING

You don't have to have thousands of dollars in your pocket to participate in these short-term mission opportunities – God calls some to go and others to serve as senders. At our first all-teams training, you will hear the Biblical basis for raising support, learn how to write a support letter, and learn how to invite your family and friends to join your team by partnering with you prayerfully and financially. Global Outreach Leadership and team leaders will provide all the resources and support to assist participants in raising funds, however participants are responsible for the full cost of the trip. A timeline will be given at the first training as to when support needs to come in. If you have the financial means to participate without raising financial support, we still require letters to be sent soliciting prayer support. Each participant must have a team of at least 100 prayer partners. Let God show you how He will provide for your needs through the support raising process.

- Please keep this for your records -

Confidential Info. For Medical Emergencies

Full Name: _____

Blood Type: _____

Information Concerning your Physician

Name of your Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: () _____ Home: () _____

Is a doctor currently treating you? Yes or No

List all medications you use. This includes medication you are taking for this trip. Provide information on dosage, frequency, and reason for using all medication: Ex. Malarone/Daily/Malaria prevention

Medication/Dosage	Frequency	Reason for usage

List any known allergies: medicine (penicillin, aspirin, iodine, acetaminophen, sulfa, other drugs); foods (dairy, wheat, other foods); contact with substances (plants, soaps, other substances); animals, insect bites/stings.

Allergy	Reaction	Medication/Treatment

Has your reaction ever required emergency room care? Yes No

Check immunizations, which you have previously received:

Immunization	Year	Update
Tetanus -Diphtheria Booster		
MMR		
Polio Booster		
Hepatitis A (Two?)		
Hepatitis B (All Three?)		
Typhoid		
Meningococcal		
Influenza		
Rabies		
Yellow Fever		
Varicella		
Others		

Information Concerning Mental/Emotional Conditions

Have you been in counseling during the past 12 months? If so, what was the general reason?

Insurance Information:

Please contact your insurance company and verify that your coverage is valid for travel within the country to which you are going. If you are not covered, it is your responsibility that you purchase short-term coverage for the time that you are out of the U.S., and provide policy information to your trip leader 3 weeks prior to trip departure. Lack of policy by deadline will result in cancellation and all cancellation provisions will apply to registration and contribution monies received.

Are you covered by health insurance? Yes No

If yes, does your insurance cover you internationally? Yes No

RELEASE OF LIABILITY & CONSENT TO TREATMENT

BAYSIDE GLOBAL OUTREACH

(FOR THOSE 18 & OVER)

Name: _____	Phone: _____
Address: _____	State: _____ Zip: _____
Alternative Emergency Contact: _____	Phone: _____

CONSENT TO TREATMENT

I, _____ as the **team member**, do hereby authorize Bayside Covenant Church, acting as my agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment including, but not limited to, over the counter medication and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of Bayside Covenant Church to give specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital that has provided treatment to me to surrender my physical custody of myself to Bayside Covenant Church upon completion of treatment.

These authorizations shall remain effective through the above periods unless sooner revoked in writing and delivered to Bayside.

PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to participate in one of Bayside's Short Term Mission Trips, including travel to and from the mission site ("Kenya", "Nigeria", "Cambodia", "Bulgaria", "India", "Colombia" or _____), and for the services of Bayside Covenant Church, its agents, employees, volunteers, sponsors and all others acting in any capacity on their behalf to conduct the Short Term Mission Trip (collectively, "Bayside"), **I HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS BAYSIDE, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE AS FOLLOWS:**

0. I acknowledge that engaging in international missionary service entails both known and unknowable risks that could result in illness, severe physical and emotional injury, paralysis, death, or damage or loss to property. These risks **include, but are not limited to:** accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from international missionary service.
1. I understand that international missionary service entails travel in countries or regions where there may be a risk of criminal or terrorist activity.
2. I further acknowledge the risk that Bayside may commit negligent acts or omissions during the Short Term Mission Trip. I also acknowledge the risk that if I am injured or become ill during this mission trip, any such injury or illness may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.
3. My participation in this Short Term Mission Trip is purely voluntary, and I expressly agree to accept and assume all of the risks of participating in this Short Term Mission Trip. **I specifically agree to accept and assume the risk that Bayside may commit negligent acts or omissions during this Short Term Mission Trip. I also agree to accept and assume the risk that any injuries or illness I may suffer during this Short Term Mission Trip may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.**
4. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bayside** from any and all claims, demands, or causes of action, which in any way arise from or are related to my participation in this Short Term Mission Trip, **including all claims alleging negligence if I am injured or become ill in any way during this Short Term Mission Trip.**
5. In the event that I or any legal representative acting on my behalf files a lawsuit against Bayside, I agree to do so solely in the Superior Court for the State of California, County of Placer. I further agree that California substantive law shall apply without regard to the conflict of law rules of California or any other state or nation. I agree that the prevailing party in any such action or an action to enforce this "Participant Release, Assumption of Risk, and Hold Harmless Agreement" shall be entitled to recover its attorney's fees and costs. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Bayside, **including claims that Bayside has committed negligent acts or omissions.** I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

_____	_____	_____
Doctor's Name	Phone Number	Date of Last Tetanus Shot
List all Allergies, Medications, Medical Conditions and/or Disabilities		
INSURANCE INFORMATION: Check one		
<input type="checkbox"/> I have medical and accident insurance with: _____		
	Insurance Co	Policy Number
<input type="checkbox"/> I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to the ministry and its related activities, including during the transportation to and from the event(s).		
_____	_____	_____
Participant Signature	Date	Witness Signature
		Date

RELEASE OF LIABILITY & INDEMNIFICATION

BAYSIDE GLOBAL OUTREACH

(FOR THOSE UNDER 18)

Name: _____	Phone: _____
Address: _____	State: _____ Zip: _____
Alternative Emergency Contact: _____	Phone: _____
Parent/Guardian Name: _____	City: _____ State: _____ Zip: _____

PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

In consideration of being permitted to participate in one of Bayside's Short Term Mission Trips, including travel to and from the mission site ("Kenya", "Nigeria", "Cambodia", "Bulgaria", "India", "Colombia" or _____), and for the services of Bayside Covenant Church, its agents, employees, volunteers, sponsors and all others acting in any capacity on their behalf to conduct the Short Term Mission Trip (collectively, "Bayside"), **I HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS BAYSIDE, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE AS FOLLOWS:**

1. I acknowledge that engaging in international missionary service entails both known and unknowable risks that could result in illness, severe physical and emotional injury, paralysis, death, or damage or loss to property. These risks **include, but are not limited to:** accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from international missionary service.
2. I understand that international missionary service entails travel in countries or regions where there may be a risk of criminal or terrorist activity.
3. I further acknowledge the risk that Bayside may commit negligent acts or omissions during the Short Term Mission Trip. I also acknowledge the risk that if I am injured or become ill during this mission trip, any such injury or illness may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.
4. My participation in this Short Term Mission Trip is purely voluntary, and I expressly agree to accept and assume all of the risks of participating in this Short Term Mission Trip. **I specifically agree to accept and assume the risk that Bayside may commit negligent acts or omissions during this Short Term Mission Trip. I also agree to accept and assume the risk that any injuries or illness I may suffer during this Short Term Mission Trip may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.**
5. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bayside** from any and all claims, demands, or causes of action, which in any way arise from or are related to my participation in this Short Term Mission Trip, **including all claims alleging negligence if I am injured or become ill in any way during this Short Term Mission Trip.**
6. In the event that I or any legal representative acting on my behalf files a lawsuit against Bayside, I agree to do so solely in the Superior Court for the State of California, County of Placer. I further agree that California substantive law shall apply without regard to the conflict of law rules of California or any other state or nation. I agree that the prevailing party in any such action or an action to enforce this "Participant Release, Assumption of Risk, and Hold Harmless Agreement" shall be entitled to recover its attorney's fees and costs. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Bayside, **including claims that Bayside has committed negligent acts or omissions.** I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

PARENT OR GUARDIAN'S ADDITIONAL RELEASE AND INDEMNIFICATION

(Must be completed by the parent or legal guardian for participants under the age of 18)

In consideration of _____ (insert minor's name) ("Minor") being permitted by Bayside to participate in a short term trip, I have read and understand the foregoing "Participant Release, Assumption of Risk, and Hold Harmless Agreement" and agree that its terms and provisions govern this Parent or Guardian's Additional Release and Indemnification.

In regard to **BOTH** (1) Minor's personal rights and (2) the personal rights of Minor's parents or guardians, I agree to accept and assume all of the risks to Minor arising from or related to Minor's participation on this Short Term Mission Trip, including **the risk that Bayside may commit negligent acts or omissions, and the risk that any injury or illness Minor experiences may be made worse by negligent treatment or rescue efforts by Bayside or other third parties.**

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bayside from any and all claims, demands, or causes of action, which in any way arise from or are related to Minor's participation on this Short Term Mission Trip, **including all claims alleging negligence, including negligence concerning treatment or rescue efforts, if Minor is injured in any way during the Event.**

Signature of Participant: _____	Date: _____
Print Name: _____	Email: _____
Phone: _____	Address: _____
City: _____	State: _____ Zip: _____
Parent or Guardian signature: _____	Date: _____
Print Name: _____	

CONSENT TO TREATMENT

(FOR THOSE UNDER 18)

I, _____ as (circle one) the **parent**/ the **guardian** do hereby authorize the Bayside Covenant Church, acting as my son's/daughter's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment including, but not limited to, over the counter medication and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of Bayside Covenant Church to give specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to my son/daughter to surrender physical custody of the my son/daughter to Bayside Covenant Church upon completion of treatment.

These authorizations shall remain effective through the above periods unless sooner revoked in writing and delivered to Bayside Covenant Church.

Doctor's Name

Phone Number

Date of Last Tetanus Shot

List all Allergies, Medications, Medical Conditions and/or Disabilities

INSURANCE INFORMATION: Check one

I have medical and accident insurance with: _____
Insurance Co Policy Number

I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to the ministry and its related activities, including during the transportation to and from the event(s).

PARENT SIGNATURE: _____ **Date** _____ **Print Name** _____

Consent to Travel Abroad

USA, Canadian or Mexican Nationalities must:

To enter a foreign country: Bring a passport. To return to the USA: Bring a passport if you have a resident card, otherwise known as a "Greencard," YOU MUST BRING THE ORIGINAL.

All Other Nationalities Must:

To enter a foreign country: Call the nearest Consulate for that country to confirm permissions to travel abroad. There are some nationalities that are excluded from entry based upon diplomatic relations. Check the internet for visa requirements and entry/exit requirements. To return to the USA: You must have a visa and Passport that allows re-entry into the USA. If you have a "Greencard", YOU MUST BRING THE ORIGINAL. (There is a \$170 fine for not having your original Greencard.)

Consent to Travel Outside the United States Abroad:

The above-named Parents or Guardian of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Team Member participates in a "Bayside Short Term Mission Trip," an activity of the Organization.

The Parent/Guardian does hereby authorize the Team Member to travel outside the United States to the following country _____.

Parent Signature _____ **Date** _____ **Print Name** _____

ALL-PURPOSE ACKNOWLEDGMENT

State of : _____ County of: _____

On: _____ date before me: _____ Notary Public
Name & Title of Officer (i.e., "Jane Doe, Notary Public")

personally appeared: _____
Printed Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Date _____

Place Notary Seal Above