



PF Youth Missions Trip 2020 El Salvador



AMBASSADORS IN MISSION

AIM is the missions program of the Assemblies of God youth. The goal of AIM is world evangelism to allow young people a first hand experience on the mission field. If you desire to be used by God in missions, this trip might be for you. AIM is not for everyone. It is not a vacation to an exotic land, although there will be many wonderful things to see. It is an opportunity for you to be involved in souls being saved and being part of the Great Commission to “go into all the world”. We promise, your life will be changed!

DESTINATION: San Salvador, El Salvador

DATES: July 22-29, 2020

HOST MISSIONARIES: Don and Terri Triplett

AGE REQUIREMENT

Students must be age 15 to be part of the AIM trip. All students must be accompanied by a Youth Pastor unless previous approval is obtained from the DYD. We will close the trip at 30 people. You must meet eligibility requirements in order to be a part of the AIM trip.

LANGUAGE

All ministry will be in Spanish with a translator

ACTIVITIES

We will be doing “spectacle evangelism” while doing street ministry, churches, schools and wherever else needed. Dramas, dances and human videos will be taught to us prior to the trip and on the first day of the trip. Churches are welcome to bring their own “Spanish” outreach tool. We also will be working with human trafficking at the Red Light District.

HOUSING

Our accommodations will be at the Kings Castle Camp at the Lago de Coatepeque in El Salvador where our meals will be served unless otherwise noted.

PASSPORT

A current passport with at least 6 months time to renewal is required for travel to El Salvador. You may obtain a passport through your local Post Office. It can take up to 10 weeks to process so *do it quickly!* A copy must be submitted to the district office no later than 2 months before the trip.

PURPOSE

“Porque los niños necesitan conocer a Jesus” which means “Because the children need to know Jesus!” This is the motto for Kings Castle so our focus will be on children.

WEATHER AND CLOTHING

It is hot in El Salvador during this time but we will be heading to the mountains of El Salvador and it gets quite cold at night, so please bring a sweater for these times. Ladies will need to wear long skirts for ministry times and guys will wear jeans or khakis. Sneakers are preferred, but you can also wear Chacos or sandals. Flip flops are not allowed during ministry times. Girls will also need “sophies or bike shorts” for under the skirt during ministry. Ministry T-Shirts are provided. Remember modest is the rule of thumb for swimming and free days!

COST:

The cost of the trip is approximately \$1500. This price includes airfare, meals, lodging, and insurance. You are responsible for transportation to and from Tampa and the *cost of luggage to and from El Salvador which is typically \$30 each way.* You will also be responsible for souvenirs, sightseeing, and other extras. Please make sure you bring extra money to help pay for the Nationals while there. We like to bless them when we stop at local food markets and gas stations. You will also need \$12 to enter the country for a temporary Visa.

APPLICATIONS

Applications will be accepted immediately. As soon as a request is made, we will mail you the appropriate paperwork. Once you are accepted, all paperwork must be supported to the district office by January 6, 2020 You will receive an itinerary for our day off and further information about costs once you are registered.

DEPOSIT

\$100.00 is due with your application and is not transferable or refundable. **\$1000 is due by April 6th.**

CANCELLATIONS

If there is a cancellation regardless of whether it is for an emergency, medical, behavioral, or any other reason:

Cancel On or Before 4/21/20—No penalty, other than deposit.

Cancel After 4/21/20—Responsible for complete payment, unless a replacement can be found by 5/26/19.

After 5/26/20—Responsible for complete payment.

SUGGESTED PAYMENT PLAN:

Feb 6	Mar 6	Apr 6	May 6	June 6
\$300	\$300	\$300	\$300	Balance Due



PFYouth Missions Trip 2020 El Salvador Application



This application will not be accepted without the \$100 registration fee. The application fee is not transferable and not refundable, unless the application is not accepted. The payment schedule must be met in order to go on this trip. Requirements: you must be at least 15 years old, saved, have a desire to go and not be sent by mom or dad, display qualities of a Christian, and have a pastor's recommendation. Youth pastor must accompany unless previous approval is obtained from the District Youth Director.

Make checks payable to: PFDC

Mail Registration/Deposit to: PFYouth / AIM El Salvador, PO Box 24687, Lakeland FL 33802-4687

PLEASE PRINT CLEARLY!

Deposit Paid: \$ _____

First/Last Name (name you go by): _____

OFFICIAL Passport First/Middle/Last Name: _____

Home Address: _____

City: _____ State: ____ Zip: _____ T-Shirt Size: Sm Med Lg XL 2XL 3XL

Date of Birth: ____ / ____ / ____ Age: ____ Gender: Male Female

Applicant's Email: _____

SS#: _____ (Only applicants 18 & over, in order to secure a required background check)

Due to increasing legal liabilities, all those that apply who are 18 & over must submit to a criminal background check. Their completed birth date (MM/DD/YYYY) and social security number must be accurate. Pen Florida will arrange to have this check done upon acceptance of the application. Final approval of this application can only be completed after the background report is approved.

Passport #: _____ (will need copy of passport sent to PFYouth office)

Applicant's Cell Phone: (_____) _____ Check if no Individual Applicant Cell Phone #

Father's Name: _____ Father's Cell Phone: (_____) _____

Mother's Name: _____ Mother's Cell Phone: (_____) _____

Do you live with both parents? Yes No If no, who is your primary guardian? _____

If an adult, not living at home, please list the following:

Emergency Contact: _____ Emergency Phone: (_____) _____

MEDICAL INFORMATION

Are you in good physical health? Yes No If no, please explain: _____

Do you have any physical handicaps? Yes No If yes, please explain: _____

Will you be willing to eat whatever food you are served? Yes No If no, please explain: _____

Do you have any known allergies? Yes No If yes, please explain: _____

Are you currently taking any medications? Yes No If yes, please explain: _____

EDUCATIONAL INFORMATION

How many years of schooling have you completed? _____

Do you speak any foreign languages? Yes No If yes, please list and note how fluent: _____

Please list any special skills, abilities, musical talents, etc., you may have: _____

SPIRITUAL INFORMATION

Please check which of the following you have personally experienced:

Accepted Christ, Year: _____

Water Baptism, Year: _____

Baptized in Holy Spirit, Year: _____

Do you love Jesus with all of your heart and your lifestyle shows it? Yes No

MISSIONS EXPERIENCE

Please describe your involvement in your local church: _____

Why do you want to participate in this El Salvador AIM outreach? _____

How did you learn about this missions trip? _____

Have you ever participated in a Missions trip or AIM Outreach? Yes No

If yes, what year(s) did you participate? _____

Where did you go? _____

Senior Pastor: _____

Youth Pastor: _____

Church Name: _____

Church Address: _____

Church City: _____ State: _____ Zip: _____ Church Phone: _____

I certify that all of the above information is true and I have answered each question completely and honestly. I also understand that the \$100 registration fee is not refundable or transferable, unless my application is not accepted. I acknowledge the cancellation policy and its terms. By signing this application I will agree to the payment schedule and work with all my heart and strength at presenting the Gospel to a lost and dying world. Missions is not about me, it's all about souls.

Applicant Signature: _____ Date: _____

Pastor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IN ADDITION to the PFYouth District AIM Registration Form, the National AIM form AND Pastor Recommendation form **MUST** be completed in its **ENTIRETY**

- **IF 18 YEARS OF AGE OR OLDER** - Complete, sign and return the **ASSUMPTION OF RISK** pages 1-6.
- **IF UNDER 18 YEARS OF AGE** - Complete, sign, *notarize* and return the **PARENTAL CONSENT AND AUTHORIZATION** pages 1-8.
Note If parent or legal guardian is not traveling on the missions trip, the youth pastor or group leader must be named as temporary guardian on page 8 of the parental consent form and their signature must also be notarized.

PASTORAL RECOMMENDATION

PFYouth Missions Trip Applicant



This section is to be completed by the AIM applicant (please print):

Name: (Last/First/Middle): _____

Address: _____

City: State: ZIP: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

E-mail Address: _____

PFYouth AIM Trip Applying for: _____

THIS SECTION IS TO BE COMPLETED BY THE PASTOR WHO IS REFERRING THE STUDENT:

The above-named person is applying for a short-term missions trip through the Assemblies of God Ambassadors in Mission (AIM). Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our AIM program. We appreciate your candor; please know your answers will be kept confidential. Please give the form to the trip leader in a sealed envelope or send directly to the District Youth Department (PO Box 24687, Lakeland FL 33802; fax to 863-683-8787; or scan/email to youth@penflorida.org).

If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check one)

not very well casually well very well

3. Do you believe the applicant is a committed Christian? Yes No

4. To what extent is the applicant involved in your church?

no involvement slightly involved involved very involved

5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal

drugs? Yes No If yes, please explain. _____

8. Do you know of any reason why the applicant wouldn't be suitable to participate on an AIM trip?

Yes No If yes, please explain. _____

Continued on next page.

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social adaptability					
Ability to get along with others					
Leadership					
Cooperation					
Teachableness					
Motivation					
Emotional stability					
Personal appearance					
Health					
Attitude towards authority					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following number during the day: (____)_____

Pastor's Information


Church Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Church Phone: (____) _____ E-mail: _____
 Position/Title: _____ Date: _____


 Pastor's Name (please print)

 Pastor's Signature



 aim@ag.org

 (417)862-2781 ext. 4029

 The General Council of
the Assemblies of God
1445 N. Boonville Ave.
Springfield, MO 65802

PARENTAL CONSENT AND AUTHORIZATION

For Minors under the Age of 18

Foreign Travel

Parents or legal guardians of minor children are required to complete this form and return to the team leader. If you have sole custody, provide a copy of the court decree to your team coordinator. The team leader will bring these documents (all pages) on the trip for verification. This form is NOT valid if completed by the child traveling. This form must be signed by both parents (as applicable) or the legal guardian and the temporary guardian (if applicable) in the presence of a notary. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Minor's Name ("Child"): _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Father's Name: _____ Father's Email: _____
Address is the same as Child's (Skip to phone information)

Father's Address: _____

City, State, Zip: _____

Father's Phone Numbers - Home: _____ Work: _____
Cell: _____

Mother's Name: _____ Mother's Email: _____
Address is the same as Child's (skip to phone information)

Mother's Address: _____

City, State, Zip: _____

Mother's Phone Numbers - Home: _____ Work: _____
Cell: _____

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

The Pen Florida Youth will be going on a short term missions trip to El Salvador where we will participate in ministry to local churches, high schools, orphanages and do street ministry.

We will travel to San Salvador, El Salvador by air and will be met by the National Team of Kings Castle (Castillo Del Rey) team who will take us to the campsite so we can get accommodated before ministry training.

Transportation while in El Salvador will be by bus that will transport us from the local churches to schools and outreach areas through El Salvador. We will dine at the campsite.

Please bring comfortable clothing and shoes that you are able to walk around in with ease as we will do a lot of walking for street ministry. You will also need skirts for the ladies with spandex shorts underneath for ministry as we will be doing a lot of drama and dances. Men will need jeans or khakis.

Housing: Our group will be lodging at the local Kings Castle campsite.

ACTIVITIES INCLUDING BUT NOT LIMITED TO:

Local Church Ministry: We will attend local churches and perform dramas, songs, and possibly lead worship for the people of the church.

Street Ministry: We will walk the streets of El Salvador and share the gospel through drama and one-on-one evangelism and spectacle evangelism. We will also invite people to the local church in which we are ministering.

Free Day: Atami Beach - we will lay on hammocks alongside a beach and relax after a long week of ministry.

DATES AND LOCATIONS OF ACTIVITIES:

July 22 to July 29, 2020

DEPART:

American #2179 22JUL Tampa - Miami 7:08am-8:16am

American #925 22JUL Miami - San Salvador 11:10am - 12:00pm

RETURN:

American #1494 29JUL San Salvador - Miami 2:51pm - 7:39pm

American #1921 29JUL Miami - Tampa 9:45pm - 10:54pm

DESTINATION:

Lago de Coatepeque, San Salvador, El Salvador

Medical Information:

Family Doctor: _____ Doctor's Phone: _____
Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have any physical condition or illness that would prevent him or her from participating on this mission trip? No Yes (explain)

Does your Child have (or ever had) any medical condition that could require special attention?

Are there any activities that you would not want your Child to participate in? No Yes (explain)

I/We approve the following travel plans:

Dates of Travel: _____ Team Confirmation # (if applicable): _____

Destinations/
City and Country _____

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.
Sending Church: _____ Church Location: _____

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. We authorize the temporary guardian or any leader on this trip to make emergency medical care decisions on behalf of our Child, if required by law or a health care provider.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council, and/or any Assemblies of God school, college or university (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child.

It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in this mission trip. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

Policy Requirements for Minors

Guidelines for minors, have been established by The General Council of the Assemblies of God and are taken from U.S. Child labor laws, U.S. Department of State International Travel Guidelines, and IRS criteria for volunteer labor and travel expenses abroad. Our desire is to give everyone an opportunity to serve on a team trip. We do not intend to stifle any persons from being in a position for God to speak to their hearts regarding future involvement in missions. Minors under age 18 are allowed to travel without a parent or legal guardian, but they must have a signed Parental Consent and Authorization form and travel insurance coverage through Mission Assure. The team leader will assign one or more adults to supervise the Child at all times for the duration of the trip.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of our Child being accepted for this mission trip, I/We, the undersigned, being the parent(s) or legal guardian(s) of the Child named above do hereby consent to the Child's participation on a team outreach sponsored by GC to the destination noted above, including, but not limited to, all of the activities customarily associated with a "GC" trip unless noted above.

1. Status. Further, I/We hereby certify that the Child is physically fit and adequately trained to participate in an overseas team trip. I/We have contacted either our public health department or a travel clinic and our family doctor regarding vaccinations, immunizations, and other precautions for the prevention of disease. I/We further certify that the Child has followed and is following all procedures (shots, serums, medications, etc.) recommended by our family doctor and the above agencies.

2. Risks of international travel; U.S. State Department and CDC warnings. I/We the parent(s) and/or legal guardian(s) are aware of the hazards and risks to the Child and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which the Child will travel may have health and safety standards that differ from those enjoyed in the United States, and I/we recognize that the Child may be subjected to potential risks, illnesses, injuries, and even death. I/We have made investigation of these risks, understand these risks, and assume them knowingly and willingly on our own and the Child's behalf. We further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I/We also acknowledge that in working, living and traveling in cities abroad, the Child may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which he or she is accustomed to in the United States. We acknowledge that it is my/our responsibility to take every precaution to ensure that the Child knows the required measures needed to safeguard his/her health and to protect his/her personal belongings from damage or theft.

I/We have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which the Child is traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I/We also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>) and Travel.State.Gov.

I/We understand and agree that if, during the Child's participation in the above-described activities, GC learns that he/she is experiencing serious health problems, has suffered an injury, or is otherwise in a situation that raises significant health and safety concerns, then GC may contact the person whose name is provided as "emergency contact."

3. I/We understand that while the above-named Child participates on a team trip, he or she is responsible to comply with all orders and directives of the team leader and/or the Assemblies of God missionary in charge.

4. **GENERAL RELEASE AND ASSUMPTION OF RISK:**

KNOWING THE RISKS DESCRIBED ABOVE, WE AGREE, ON BEHALF OF OURSELVES AND OUR CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING OUR CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH OUR CHILD MAY SUFFER, OR FOR WHICH OUR CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO OUR CHILD'S PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON OUR CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

5. Ransom policy I/We understand and accept the following policy regarding ransom payments:

The World Missions Board has determined that GC will not pay ransom or yield to the demands of anyone who takes one of our missionary family or staff hostage. GC will also not encourage or participate in third-party payments of ransom. GC pledges itself to every effort in prayer and will take all reasonable steps to secure the release of any member held hostage and/or detained. GC strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. GC will not permanently concede land or remove missionaries from ministry locations as a part of any negotiated settlement with hostage takers. GC believes that this approach helps reduce the risk of GC personnel being targeted for kidnapping and was made after sufficient study of the policies of other evangelical missionary agencies and after considering the advice of the United States State Department.

6. I/We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me/us enforceable against me/us in accordance with its terms.

7. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.

8. I/We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/We further state that I/WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I/WE VOLUNTARILY SIGN THIS AGREEMENT AS MY/OUR OWN FREE ACT.

Photograph & Video Release Form

I/We hereby grant GC permission to the rights of the Child’s image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I/We understand that the Child’s image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein the Child’s likeness appears. Additionally, I/We waive any right to royalties or other compensation arising or related to the use of the Child’s image or recording.

I/We agree that GC may use such images of the Child with or without the Child’s name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I/We acknowledge that I/We have completely read and fully understand the above release and agree to be bound thereby. I/We hereby release, defend, hold harmless and indemnify GC from any and all claims for utilizing this material.

Insurance Election

I/We are aware of the hazards and risks to the Child associated with serving in a mission’s capacity. I/We further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I/We are responsible for obtaining any additional insurance coverages that I/We consider necessary.



Travel Insurance Program Volunteer Missionary Travel Insurance

	Domestic U.S. Missions	Foreign Missions
Administered by	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Family Coordination / Emergency Medical Reunion	None	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	\$100,000
Foreign General Liability/Auto Liability	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

AMBASSADORS IN MISSION

Temporary Guardianship

A temporary guardianship is required if neither parent is traveling with their Child. The temporary guardian must be 21 years old and must sign this form in the presence of a notary public.

I/We the parent(s) or legal guardian(s) of the Child listed above do hereby grant temporary guardianship of Child to _____ as temporary guardian, for the dates and travel plans listed above. This Temporary Guardianship agreement will serve as a legal and binding document that will allow the Child to obtain medical treatment and to make any decisions regarding the needs of the Child for this period.

I/We understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

We attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Father's/Legal Guardian's Signature Date

Mother's/Legal Guardian's Signature Date

Temporary Guardian's Signature (if applicable) Date

Certificate of Acknowledgement of Notary Public

STATE OF _____ COUNTY OF _____
Acknowledged before me on _____ (date)
By _____ (parental/legal guardian)
And _____ (parent/legal guardian)
And _____ (temporary guardian if applicable)

Signature of Notarial Officer


Notary Public for the State of _____ My commission expires: _____




ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT
Foreign Travel

What an honor it is to have you volunteer for missionary service. We want to acquaint you with the philosophy and expectations of Assemblies of God. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this mission if you had known all the facts. It is impossible to predict, fully prepare you, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions which we both must make. Please prayerfully consider the following assumption statement before signing and returning it to Assemblies of God. Your application cannot be processed without the proper signatures on this form.

 aim@ag.org

 (417)862-2781 ext. 4029

 The General Council of
the Assemblies of God
1445 N. Boonville Ave.
Springfield, MO 65802

Participant Information
(Please Print Legibly)

Name of Participant:

Email:

Address:

Telephone:

Name of Emergency Contact:

Daytime Phone:

Detailed Description of Activities:

TRANSPORTATION (AS OF THIS DATE), SUBJECT TO CHANGE:

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Free Day: Atami Beach - we will lay on hammocks alongside a beach and relax after a long week of ministry.

DATES AND LOCATIONS OF ACTIVITIES:

July 22 to July 29, 2020

DEPART:

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American #1921 29JUL Miami - Tampa 9:45pm - 10:54pm

DESTINATION:

Lago de Coatepeque, San Salvador, El Salvador

I, _____ IN CONSIDERATION of my acceptance as a volunteer on this missionary trip in cooperation with the Assemblies of God, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not traveling as an employee of the General Council of the Assemblies of God.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

I hereby represent that: (i) I am in good health and in proper physical condition to participate in the Activity; and (ii) I am not under the influence of any prescription drugs which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

2. Risks of international travel; U.S. State Department and CDC warnings. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28)

I also acknowledge that in working, living and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density or standards of living and health standards that are different from those to which I am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well-being.

I have read and understood all information on the U.S. State Department website (<http://travel.state.gov>) about the country or countries to which I am traveling, including, without limitation, the U.S. Department of State Consular Information Sheet and the State Department Warning (if applicable). I also have reviewed the U.S. Centers for Disease Control health advisory information relating to travel abroad found at <http://www.cdc.gov/travel>, and any additional information available from the World Health Organization website (<http://www.who.int/>) and Travel.State.Gov.

I understand and agree that if, during my participation in the above-described activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my "emergency contact." I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

3. GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND IT'S AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACVITIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

4. Insurance Election - I am aware of the hazards and risks to myself associated with serving in a mission's capacity. I further understand that GC currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.



Travel Insurance Program
Volunteer Missionary Travel Insurance

	Domestic U.S. Missions	Foreign Missions
Administered by	AG Financial Insurance	AG Financial Insurance
Accidental Death & Dismemberment	\$100,000	\$100,000
Accident Permanent Total Disability	\$100,000 after 365 waiting period	\$100,000 after 365 waiting period
Accident Medical Expense Benefit	\$50,000 benefit, \$0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	\$10,000	\$10,000
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	\$100,000 benefit, \$0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Family Coordination / Emergency Medical Reunion	None	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	\$100,000
Foreign General Liability/Auto Liability	None	\$2,000,000 per occurrence/ \$5,000,000 aggregate \$2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law.

5. Minor children. In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. Ransom policy. I understand and accept the following policy regarding ransom payments:

The World Missions Board has determined that the General Council of the Assemblies of God will not pay ransom or yield to the demands of anyone who takes one of our missionary family or staff hostage. General Council of the Assemblies of God pledges itself to every effort in prayer and will take all reasonable steps to secure the release of any member held hostage and/or detained. General Council strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. General Council will not permanently concede land or remove missionaries from ministry locations as a part of any negotiated settlement with hostage takers. General Council believes that this approach helps reduce the risk of General Council personnel being targeted for kidnapping and was made after sufficient study of the policies of other evangelical missionary agencies and after considering the advice of the United States State Department.

7. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

signature of participant

printed name of participant

witness signature

date witnessed