

FOR THE GLORY OF GOD AND THE JOY OF ALL PEOPLES,

Mountain Creek Baptist Church is sending you to partner with long-term workers to make disciples and serve the local church.

Therefore, Mountain Creek commits to stand side by side with you for the sake of the gospel by:

- Training you in a biblical understanding of the gospel of Jesus Christ, that you may boldly and clearly proclaim Him, warning and teaching everyone with all wisdom.
- Equipping you through general and trip-specific mission training that you may walk worthy of the gospel in any culture.
- Consistently praying for you and your team as you prepare and go to make disciples.
- Ensuring that all logistical preparation and ground support has been provided.

As a church member in good standing, faithful in attendance, giving and serving the church, Mountain Creek sends you out with the expectation that you will commit to glorify God by:

- Protecting the unity and purity of your team for the sake of Jesus' name
- Proclaiming the gospel with clarity and boldness as God provides opportunities
- Praying for your team, and all those whom God puts in your path, to experience the blessing of the gospel of Jesus Christ
- Serving those around you with God's strength and compassion that others may see your good works and glorify our Father in heaven.

Furthermore, it should be understood that each team member will be responsible for the following:

- To comply with all policies and procedures regarding the short-term trip.
- To consult with a physician regarding immunizations required or recommended for international travel.
- To be financially responsible for all trip costs that are not offset by the church and/or group fundraising.

By signing below I understand the commitment and responsibilities required to participate in a short-term mission trip.

SIGNATURE

DATE

PRINT NAME

NAME: _____

Describe any heal or physical limitations or concerns that could effect your service *(use back of paper if necessary)*:

MEDICATION	DOSAGE	FREQUENCY/TIME

Please list any FOOD or MEDICINE allergies you may have:

MEDICAL INSURANCE: *Include a copy of your insurance card*

Current Health Ins. Provider: _____

Member Name: _____

Member #: _____

Group Name: _____

Group #: _____

Medicaid (Y/N)?

ACKNOWLEDGEMENT, ASSUMPTION, AND RELEASE

I, the undersigned, wish to participate in a short-term mission project conducted under the auspices of Mountain Creek Baptist Church. By signing this form, I acknowledge (1) that traveling to and in any foreign country involves hazards not customarily encountered when traveling in America. (2) Medical facilities may be substandard and that should a medical emergency develop during my trip, it is unlikely that I will receive medical care equivalent to that available in America. (3) Working conditions are often inferior to conditions in America.

Despite the foregoing, it is my desire to participate in the work of God and I knowingly assume the risks that are involved and release Mountain Creek Baptist Church, it's employees and agents, from any liability for injury, damage, or harm which may occur to my person or property while traveling in connection with this project or otherwise participating in this project.

I affirm that I am eighteen (18) years of age or older, or the parent/guardian of the participant if under eighteen years of age, I am faithfully active in my church, and that this Acknowledgement, Assumption, and Release is binding on me and my executor, administrators, and heirs. I give Mountain Creek Baptist Church and it's representative(s) with me on any such trip authority to request and authorize medical and/or hospital treatment for my benefit in the event of any injury or sickness sustained by me while on such ministry activity, including, without limitation, while traveling domestically or to and from any foreign country. I agree to pay for all such treatment. Pending application approval. I also agree to a background check.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY

Print Name of Participant or Parent/Legal Guardian if under 18

Signature of Participant or Parent/Legal Guardian if under 18

Date

Notary Public

On this date the person(s) who are signed above personally appeared before me in my presence and executed this authorization and medical release form. Witness by hand and official seal this date: _____

Signature: _____

Notary Seal:

My commission expires: _____