



CooperativeAid Inc.

Mission Trip Application Form

Please return the completed application to
Michele Wyatt at Cooperative Aid, Inc.
michele@coopaidinc.org

Mission Trip Details

For what mission trip are you currently applying? _____

Mission Trip Location: _____ Dates of Trip: _____

Contact Information

Name: _____
First Middle Last (As it appears on passport)

Address: _____ Apartment/Suite #: _____

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birth Date: (M) ____ (D) ____ (Y) ____ Age: ____ Gender: M F

Passport & Languages Information

Citizenship: _____ Do you have a valid passport: Yes No

Passport Number: _____ Date of Expiration: (M) ____ (D) ____ (Y) ____

Do you speak another language: Yes No

If yes, what language(s): _____

Talents & Capabilities

Occupation: _____

Specialty: _____

Any Licenses: _____

Has your license ever been suspended or revoked for any reason? Yes No

Health & Safety Information

Medical Information:

Do you have any medical condition(s) we should be aware of?
If so, please elaborate:

Yes No

Are you aware of any other limitations to your health that would impact your
ability to safely participate in this mission trip?
If so, please elaborate:

Yes No

Do you have any known drug, food or other allergies? If so, please list them.:

1.	4.
2.	5.
3.	6.

Have you ever been charged or convicted of a felony? Yes No

Emergency Contact

Who should we notify in the case of an emergency:

Emergency Contact Name: _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Acknowledgment

I have read and understand the above information. The information I have given Cooperative Aid Inc is accurate and true to the best of my knowledge.

Applicant's Signature _____

Date ____/____/____



Cooperative**Aid** Inc.

PHOTOGRAPHY & VIDEO RELEASE FORM

I, _____, hereby grant permission to Cooperative Aid, Inc. the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area to promote Cooperative Aid, Inc.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to: Presentations, Courses, Online/Internet Videos, Media, News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

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

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for aforementioned purposes.

Full Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

If this release is obtained from a person under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____



CooperativeAid Inc.

Cooperative Aid, Inc. (“CoopAid”), a non-profit organization located at 663 Villageway, Crossville, TN 38555, is providing administrative and support services related to a mission trip (“Mission Trip”) to _____ beginning on or about _____ and ending on or about _____.

I, _____, will be participating in the Mission Trip and related activities. Of my own volition and without duress, I make and execute this Liability Release & Waiver as follows:

1. Assumption of Risk—I acknowledge that the Mission Trip and its related activities present inherent risks of serious bodily injury, death, and loss of or damage to property. I have considered the risks associated with my participation in the Mission Trip and I hereby voluntarily assume all such risks.

2. Release—I assume full responsibility for any personal injury sustained by me resulting from my participation in the Mission Trip, and I do hereby forever release and discharge CoopAid from liability of any kind or character for any loss, injury, or damage thus sustained, whether caused by myself, CoopAid (except when resulting from CoopAid’s gross negligence), or a third party. This release and discharge is made on behalf of myself and on behalf of my heirs, assigns, trustees, receivers, administrators, executors and agents.

3. Indemnification—I agree to indemnify, hold harmless, and defend CoopAid against all claims, causes of action, damages, judgments, and costs, including attorney fees and other litigation costs, resulting from or reasonably related to my participation in the Mission Trip.

4. Choice of Law—Any legal or equitable claim arising under my participation in the Mission Trip shall be resolved under the laws of the State of Tennessee.

5. Enforceability—If any of the provisions of this Liability Release & Waiver are held to be invalid by a court of competent jurisdiction under any applicable statute or rule of law, they are to that extent to be deemed omitted without affecting the validity of the remaining provisions hereof.

I have read, fully understand, and agree to this Liability Release & Waiver. This Liability Release & Waiver contains the entire agreement between myself and CoopAid relating to the above, and all previous communications between the Parties, whether written or oral, with reference to the subject matter of this Agreement are hereby canceled and superseded.

Executed this _____ day of _____, 20__.

Signature _____ Printed Name _____

Witness: _____ Printed Name _____