

**Pearl Foundation Nicaragua
Granada, Nicaragua
Mission Trip Application**

Name: _____ Date: _____

Passport Number: _____ Please include a copy of your Passport with application.

Full address: _____ City _____ State _____ Zip code _____

Mailing address: _____ City _____ State _____ Zip code _____

Telephone number(s): Home #: (____) _____ Cell #: (____) _____

Church you attend: _____

Do you speak Spanish? Yes No _____

Email address (please print clearly):

Emergency Contact: _____
Name Relation Telephone Number

Blood Type: _____ Please list any medical problems and allergies that we should be aware of.

Your talents: (Example: Evangelism, sports, crafts, etc.) _____

I, the undersigned, wish to participate in a Mission Trip to Nicaragua conducted under the direction of The Pearl Foundation, Darrell and Linda Hinson. By signing this form, I acknowledge that: (1) Traveling to and in the Country of Nicaragua involves hazards not customarily encountered when traveling in America. (2) Working conditions in Nicaragua are often inferior to conditions in America. (3) The Pearl Foundation does not carry insurance to insure against any of the risks I may encounter in Nicaragua. (4) If I have had a major health issue in the last 12 months prior to this trip, I will provide The Pearl Foundation a letter from my health care physician stating that I am allowed to travel to Nicaragua.

I affirm that this Acknowledgment, Assumption, and Release is binding on me and my executor, administrators, and heirs. I give The Pearl Foundation, Darrell and Linda Hinson and its representative (s) with me 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 mission trip, including, without limitation, while traveling to and from any foreign country. I agree to pay for all such treatment and to reimburse The Pearl Foundation for all costs and expenses incurred by it with respect to such treatment.

Sworn to and subscribed before me
this _____ day of _____, 2018

Notary Public
My commission expires: _____

Signature of Applicant Date

Signature of Parent or Guardian if applicant is under 21 years of age
or if applicant is covered under the parent or guardian's insurance.