



Short Term Trip Application

Personal Information			
Name		DOB	
Address			
Email		Gender <input type="radio"/> Male <input type="radio"/> Female	
Phone: Home	Cell	Work	
Marital Status		Children	
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	First and Last Name	Gender
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed		Age
<input type="checkbox"/> Separated			
Passport Number		Expiration Date	
Occupation			

Church Affiliation	
Member of PLC? <input type="checkbox"/> Yes , I am a member of PLC <input type="checkbox"/> No , I am not a member, but I attend PLC regularly <input type="checkbox"/> No , I am not a member or regular attendee of PLC Church home other than PLC? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	Are you involved in any of the following at PLC? (check all the apply and explain) <input type="checkbox"/> Bible study: _____ <input type="checkbox"/> Small group: _____ <input type="checkbox"/> Volunteering: _____
Describe your current spiritual journey.	

References	
List two references we may contact. Do NOT include family members or senior/staff pastor. Include only those you have known for MORE THAN 6 months. For pastors applying, please include a spiritual mentor.	
Name	Daytime Phone
Address	
How long have you known this person?	Email
Relationship	
Name	Daytime Phone
Address	
How long have you known this person?	Email
Relationship	

Trip Information	
Location	Dates
Reason for Trip	
Expected Cost	Agency/Church Affiliation
Amount Requested from PLC	Address
Instructions to contribute funds?	

Emergency Contact		
Name	Email	
Address		
Phone: Home	Cell	Work
Relationship		

Waiver and Release from Liability

I acknowledge that my participation in this trip is voluntary and may require involvement in activities that require traveling or physical exertion. I acknowledge that my participation in any Prairie Lakes Church activity presents risks that I may suffer property damage, bodily injury, or death. Therefore, in consideration of my participation in this trip, I agree to the following:

Prairie Lakes Church is not responsible for the loss or theft of personal belongings.

I understand and authorize that my image may be photographed or filmed and used in video presentations or printed publications of Prairie Lakes Church, including, the internet website.

On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury the following persons or entities: Prairie Lakes Church, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents for any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Prairie Lakes Church or any of its representatives: C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I hereby assume the risks of participating in all Prairie Lakes Church activities.

I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on my behalf in the execution of this Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat me for any injury received. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk. Permission is also granted to Prairie Lakes Church representative to provide any emergency treatment prior to my admission to a medical facility.

I have read, understand and agree to the above terms of this Waiver and Release from Liability.

Signature

Date

Submit to:
Influence at Prairie Lakes Church
1907 Viking Road
Cedar Falls, Iowa 50613

Direct questions to 319-266-2655 x119 or influence@prairielakeschurch.org.

For Office Use Only

Application Received (date, person)

Notes

Approval Approved Declined

Explanation if declined

