

Presbyterian Peacemaking Program Travel Study Seminar Application Form

SEMINAR INFORMATION

Please let us know which seminar you are applying to attend:

Seminar Country: _____

Dates of Seminar: _____

APPLICANT INFORMATION

Please provide us with the following basic information about yourself:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Preferred phone: _____

Other phone: _____

Preferred email: _____

Other email: _____

Present occupation: _____

Congregation/church of membership: _____

Denomination (if other than Presbyterian Church (USA)): _____

Midcouncil/Presbytery: _____

Foreign language/fluency: _____

Other countries I have lived in or visited: _____

PASSPORT INFORMATION

Please provide us with your passport information. Note that you must have a valid passport that expires no sooner than 6 months after the conclusion of the Travel Study Seminar.

5. What experience have you had working or traveling in other countries? Are you adaptable to simple accommodations?

6. What do you hope this travel study seminar will do, change or inspire in you, to take action in your church or community?

7. Write a brief biographical paragraph about yourself, your work, interests, family, and church involvement (to be shared with others on the trip).

REFERENCES

Please provide two personal references (please include one reference from Mid-Council (Presbytery or Synod) staff.

Name: _____ Relationship to you: _____

Known Years: _____ Phone: _____ Email: _____

Name: _____ Relationship to you: _____

Known Years: _____ Phone: _____ Email: _____

HEALTH INFORMATION

(All information is confidential)

My general health is: Excellent Good Fair

I am a smoker Yes No

I have allergies Yes No

If yes, explain:

I have physical restrictions Yes No
If yes, explain:

I have dietary restrictions Yes No
If yes, explain:

Are you currently under a physician's care and/or taking prescription medication of which we should be aware? Yes No
If yes, please explain:

List all medications:

Are there any other special considerations we should know about in processing your application? If so, please list:

Health Insurance Company: _____

Policy and Group Number: _____

Policy Holder's Name: _____

Insurance Authorization Phone Number: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Do you have insurance that covers: Overseas travel? Yes No

Illness and accident? Yes No

LEGAL AUTHORIZATION

Hold Harmless, Waiver of Liability, and Emergency Medical Care Authorization

The Presbyterian Peacemaking Program of the Presbyterian Church (U.S.A.) is sponsoring the educational event in South Africa on November 3-15, 2014 (hereinafter referred to as the "Program").

I, INSERT NAME, of INSERT ADDRESS, in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, disease, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Presbyterian Church (U.S.A.), the General Assembly, all of its entities, Presbyterian Church (U.S.A.), A Corporation, the Sponsor, their staff members, successors, assigns, officers, agents, representative, ministry divisions, and entities (hereinafter referred to as "PC(USA)") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program, even if said injury or action is due to the alleged negligence of PC(USA). Further, I do hereby agree to indemnify and hold harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PC(USA) related to the Program, even if any such claim or right of action is caused by PC(USA)'s alleged negligence.
5. I hereby state that I am in good health and have all medication necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Program I need emergency medical care and am not able to give consent because of physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release PC(USA), in making those emergency medical care decisions, from any and all liability associated with said decision, even if injury or death is the result of PC(USA)'s alleged negligence.
6. This document does not release the PC(USA) from gross negligence.
7. I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Applicant Signature: _____

Witness Signature: _____

Witness Printed Name: _____

Date: