

On the Path-AGWM

2009 Team Registration Form

This application is designed for youth groups and should be filled out by the **trip leader only**.
Please Print Clearly

- Youth Pastor
- Senior Pastor
- Volunteer Leader

LAST NAME

FIRST NAME

CHURCH NAME

SENIOR PASTOR (If Not Leading Trip)

CHURCH ADDRESS

CITY

STATE

ZIP CODE

CHURCH PHONE (ext.)

CHURCH FAX

- Home
- Cell

ALTERNATE PHONE

EMAIL ADDRESS (Required)

Is your church in the Assemblies of God? (circle one) Yes No What District? _____
Has your group ever participated in a Short term Missions trip? (circle one) Yes No
If Yes, When? _____ Where? _____

What trip are you registering for? _____

What is your total team size? (see inside for breakdown) _____

Please read and sign:

As the leader of this missions team, I acknowledge that:

1. I have read this registration form in its entirety, and that I am responsible for what it entails, including all deadlines for paperwork, training, and finances.
2. By sending in this registration form I am making a commitment to bring a team on a short-term mission trip.
3. As a team leader, I am responsible for reading the On The Path training manual, and for training and preparing my team before the trip. I understand that while on the mission trip I will be responsible for the ministry at my site.
4. I have read the ON The Path Cancellation Policy, located inside this packet, I acknowledge the potential consequences there written, and I commit that I will give a copy of the On The Path Cancellation Policy to everyone on my team before the first payment is due.

Signature _____

Date _____

Please mail this registration form along with deposit check to:
On the Path-AGWM, 1445 N Boonville Ave Springfield MO 65802

Staff@onthepath.info - 425-501-3535 - WWW.ONTHEPATH.INFO

LEADERS GO FREE!

We would like to honor the hard work put in by leaders who take their groups to the field to experience the Great Commission first hand. To do this, ON The Path is offering special group rates on many of our trips that will allow you, the trip leader, to pay nothing in trip costs. A free trip is issued to leaders who bring ten or more people to the field. So if you have 10 paid participants on your team, the 11th person will go for free, and if you have 20 paid participants on your team, the 21st and 22nd people will go for free. This offer is limited to trip costs only and does not include airfare, registration fees, ministry supplies, souvenirs, or other expenses. This offer is not valid on our VALUE trips to Ensenada & San Quintin.

Alaska

Please Check One:

- July 17-28th 2009

Total Registering: (This Number Goes On the Front)

Students _____ Leaders _____ Total _____

(Please Note: these trips are open only to those, ages 15 and older)

Cost Details: The Cost of This Trip Is \$695.00, All-Inclusive From Anchorage, Alaska.

Dates to Know:

- March 1, Team Registration due
(Team registration includes this form and registration fee of \$25 per person, which is in addition to the trip cost and is non-refundable. After March 1, the registration fee per person is \$50, which is in addition to the trip cost.)
- May 1, Consent/Release Forms due and first payment of \$350 per person due. (This Payment Is Due Because On the Path Must Pay For Your Hotels and Ground Transportation at this Time.)
- June 1: Second Payment due of \$345 or remainder of unpaid balance.

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

Swaziland Africa

Please check one:

- Aug 10th – 24th , 2009

Total Registering: (This Number Goes On the Front)

Students _____ Leaders _____ Total _____

(Please note, these trips are open only to those age 15 and older)

Cost Details: The cost for these trips is \$1,195.00, all-inclusive in the ministry site.

Dates to Know:

- March 1, Team Registration due
(Team registration includes this form and registration fee of \$25 per person, which is in addition to the trip cost and is non-refundable. After March 1, the registration fee per person is \$50, which is in addition to the trip cost.)
- May 1, Consent/Release Forms due and first payment of \$350 per person due. (This Payment Is Due Because On the Path Must Pay for Your Hotels and Ground Transportation at this time.)
- July 15: Second Payment due of \$845 or remainder of unpaid balance.

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

Jamaica

- August 14th -23rd , 2009

Total Registering: (This Number Goes On the Front)

Students _____ Leaders _____ Total _____

(Please note, these trips are open only to those age 15 and older)

Cost Details: These trips cost \$695.00, all-inclusive at the ministry site (does not include airfare)

Dates to Know:

- March 1, Team Registration due
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- May 1, Consent/Release Forms due and first payment of \$350 per person due. (This Payment Is Due Because On the Path must pay for Your Hotels and Ground Transportation at this time.)
- July 1: Second Payment due of \$345 or remainder of unpaid balance.

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

Glasgow, Scotland

Please Check One:

- Feb 27th to March 8th, 2009 (Evangel University)
 June 20th – 30th (With Catalyst)
 June 20th – 30th

Total Registering: (The number goes on the front)

Students: _____ Leaders: _____ Total: _____

(Please Note: These trips are open only to those, ages 16 and older)

Cost Details: The Cost of this trip is: \$1,195, All-Inclusive from Glasgow, Scotland.

Dates to Know:

- March 1, Team Registration due
(Team registration includes this form and registration fee of \$25 per person, which is in addition to the trip cost and is non-refundable. After March 1, the registration fee per person is \$50, which is in addition to the trip cost.)
- May 1, Consent/Release Forms due and first payment of \$500 per person due. (This Payment Is Due Because On the Path Must Pay for Your Hotels and Ground Transportation at this time.)
- June 1: Second Payment due of \$695 or remainder of unpaid balance.

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

Ensenada / San Quintín

Please check one:

Value Pricing:

This trip is \$395.00 per person and is not all-inclusive. You are responsible for all ground transportation, ministry expenses and the registration fee of \$25 per person. All hotel, Interpreters, food, Insurance, On the path t-shirt and meeting hall costs are included. Call for more details.

- Ensenada, June 19-26th, 2009**
 - Value**
- San Quintín, July 10-17, 2009**
 - Value**

Total Registering: (This Number Goes On the Front)

Students _____ **Leaders** _____ **Total** _____

We require that teams have a minimum of 2 interpreters per team, and at least 1 interpreter per 10 team members. So a team of 10 must have 2 interpreters, and a team of 30 must have 3 we provide the interpreters unless you ask not to have them placed on your team and you are bringing your own. You need to provide room in your vans from San Diego for the week for your interpreters

Dates to Know Value Pricing

- March 1, Team Registration due
(Team registration includes this form and registration fee of \$25 per person, which is in addition to the trip cost and is non-refundable. After March 1, the registration fee per person is \$50, which is in addition to the trip cost.)
- May 1, Consent/Release Forms due and first payment of \$395 per person due. (This Payment Is Due Because On the Path Must Pay For Your Hotels and Ground Transportation at this Time.)
- Path Must Pay For Your Hotels and Ground Transportation at this Time.)

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

Standard Pricing:

This trip is \$695.00 per person and is all-inclusive, with interpreters. All that you are responsible for is ministry expenses, airfare/transportation to San Diego, and the registration fee of \$25 per person. Please contact us for details. (This Trip also qualifies for our "Leaders Go Free" pricing.)

- Ensenada, June 19-26, 2009**
 - Standard**
- San Quintín, July 10th -17th , 2009**
 - Standard**

Dates to Know:

- March 1, Team Registration due
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- May 1, Consent/Release Forms due and first payment of \$350 per person due. (This Payment Is Due Because On the Path Must Pay For Your Hotels and Ground Transportation at this Time.)
- June 1: Final Payment due of \$345 or remainder of unpaid balance.

A \$10/Person Late Fee Applies For Each Payment Not Received By The Deadlines.

PLEASE MAKE A COPY OF THESE FORMS FOR YOUR RECORDS.

Please mail this registration form along with deposit check to:

On The Path-AGWM
1445 N Boonville Springfield, MO 65802

425-501-3535

staff@ontheath.info
www.ontheath.info

ON The Path-AGWM understands that cancellations are sometimes inevitable. For such circumstances, we have adopted this Cancellation Policy which applies to all registrants – individuals or teams – in order to ensure proper stewardship of the finances associated with missionary work. Full-time missionaries should not be burdened by expenses incurred from registrants who cancel their trips, and we request that registrants be mindful of this. We appreciate your understanding and cooperation as we steward the task that God has set before us.

Questions about this policy can be directed by email to staff@onthepath.info or by phone to 425-501-3535

Cancellation Procedure

For accountability purposes, verbal cancellations will not be accepted. Cancellations must be sent by email. The cancellation will be considered effective according to the email timestamp. Notifications received after business hours or on weekends or holidays will be effective the next business day.

EMAIL: staff@onthepath.info

Registration Fees

Registration fees are non-refundable deposits to guarantee participation in a On The Path-AGWM trip. Cancellations will lose this deposit in all circumstances.

Airfare Fees

Because of the complexity of travel to some locations, we arrange air travel for certain individuals and teams. This service is billed in addition to registration and trip fees and is non-refundable. On The Path-AGWM is not responsible for airlines operations, and airline scheduling will not effect the terms of this Cancellation Policy.

Early Cancellations

An early cancellation is one that is effective before May 1 for trips scheduled in June, July, or August. Early cancellations will receive a refund of 100% of the trip price. The trip price does not include registration fee or airfare.

Cancellations after May 1st

Cancellation after is one that does not classify as an early cancellation but is effective 21 days before a trip scheduled in June, July, or August. These cancellations will receive a refund of 85% of the trip price. The trip price does not include registration fee or airfare. If there are expenses already spend on the trip that are not covered by the 15% cancellation fee they will be deducted as well.

Late Cancellations

A late cancellation is one that is effective on a date not more than twenty-one days prior to the start date of the trip. Late cancellations are rarely eligible for any refund, but are be evaluated on a case-by-case basis.

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2008 On The Path **Team Leader Application**

The team leader should fill out this application,
And all team leaders must receive approval before leading a On The Path-AGWM Missions trip.

Please Print Clearly

Legal Name _____

Birth Date ____/____/____ Email _____

Home Address (Street, City, State, Zip) _____

Have you ever been convicted of, or pleaded guilty to a crime? (Please circle) Yes No

If yes, please explain. (Attach a separate sheet if necessary) _____

- I am a paid youth pastor on staff at a church.
- I am a volunteer youth pastor on staff at a church.
- I am a volunteer team leader.

Name of current senior pastor at church where you work/attend.

Senior Pastor _____ Phone _____

How long employed/attended there? _____ Are you a member? _____

If in current position less than 5 years, provide name of senior pastor at the last church where you worked/attended.

Senior Pastor _____ Phone _____

How long employed/attended there? _____ Resigned or Fired? _____

Mature Christian References (Must Be 18 Or Older)

(Please fill out each section completely. The references cannot be relatives. You are responsible to have them fill out the reference form, and to give them an envelope addressed and stamped to mail to ON The Path.)

Name: _____ Years acquainted? _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Name: _____ Years acquainted? _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Personal Information

Please describe your walk with God. _____

Please check which of the following you have personally experienced:

- Conversion (when you began your personal relationship with Jesus) Date ____/____/____
- Water Baptism
- Infilling Of The Holy Spirit

Personal Information, Continued

Have you ever participated in a Missions trip? _____

If yes, when? Where? _____

Have you ever led a mission trip before? _____

With what organization? _____ To Where? _____

Why do you want to take your team on a mission trip? _____

Do you have a servant's heart? Explain. _____

Are you in good health? _____ If not, please explain. _____

Are you willing to eat whatever food you are served with a good attitude and make sure that your team does as well? ____ If not, please explain: _____

Do you speak a foreign language? _____ How well? _____

Commitment

As the team leader, I commit to have a servant's attitude while on the mission field. I understand that my attitude greatly affects the attitude of my team and the effectiveness of my team's ministry, so I also commit to be a leader who is positive and flexible, regardless of the situation I may find myself in. I further understand that my team's purpose is to be a blessing to the ministry of the missionary/pastor my team is ministering with. I will treat all missionaries, pastors, On The Path-AGWM staff, other teams, and all those I come in contact with, with love and respect, honoring them above myself. I will not do anything that could damage the good relationships or reputation of On The Path-AGWM.

I understand that I, and not On The Path, am responsible for making sure my team has had the immunizations we deem necessary based on the information from the Center For Disease Control, not from On The Path.

I understand that it is my responsibility to make sure my team is adequately prepared for the mission trip.

If I am given funds from On The Path for purchases to make while on the On The Path trip, I commit that I will handle those funds with care and good stewardship, understanding that many people have sacrificed and worked hard to give the money used on the trip.

I understand that I, and not On The Path, am responsible for screening, and approving or not approving those who will be my team's members to go on the On The Path trip.

I understand that I am responsible for following the dress code associated with my trip, and that I am responsible for making sure my team also follows the dress code associated with my trip.

I understand that even after receiving approval to take a team on a ON The Path trip, this permission can be revoked for attitudes or conduct that does follow represent Christ as described in the above statements.

I commit that the information I have provided to On The Path-AGWM is true to the best of my knowledge.

Signature

Date

Pastoral Reference Form For LEADERS

This section is to be completed by the applicant.

LAST NAME FIRST NAME

_____/_____/_____ AGE Email (Required)

HOME ADDRESS

CITY, STATE

ZIP

HOME PHONE CELL PHONE

This section is to be completed by the SENIOR PASTOR who is referring the leader.

A Note from On The Path-AGWM

The above-named person is applying to lead a short-term mission trip through On The Path-AGWM. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our missions program. We appreciate your candor; please know your insight will be kept confidential. Please return the form to On The Path in the stamped and addressed envelope provided for you by the applicant. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____
2. How well do you know the applicant? (please circle) Slightly Casually Well Very Well
3. Do you believe the applicant is a committed Christian? _____
4. To what extent is the applicant involved in your church? (please circle)
No Involvement Slightly Involved Involved Very Involved
5. What special talents has he/she shown? _____
6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? _____ If yes, please explain.

8. Do you feel the applicant is emotionally qualified to lead a Missions trip? (Please Circle) Yes No
9. In your knowledge has the applicant ever displayed inappropriate behavior towards a minor? (Please Circle) Yes No

Pastoral Reference Form **For LEADERS**

(Continued)

Please rate the applicant in the following areas.

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social Adaptability					
Ability To Get Along With Others					
Leadership					
Cooperation					
Servant Heart					
Teachableness					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude Toward Authority					

Knowing the applicant as you do, what recommendation would you make? (Please select one.)

- Strongly Recommend
- Recommend
- Recommend With Reservation
- Do Not Recommend
- Prefer Not To Make A Recommendation

Comments _____

Please choose on of the following:

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts that raise any question concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day:
 () _____ - _____

Pastor's Information

Name _____ Position/Title _____

Church _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____

Signature _____ **Date** _____

Mature Christian Reference Form For LEADERS

This section is to be completed by the applicant.

LAST NAME _____ FIRST NAME _____

/ / BIRTH DATE AGE Email (Required) _____

HOME ADDRESS _____

CITY, STATE _____

ZIP _____

HOME PHONE _____ CELL PHONE _____

This section is to be completed by the person who is referring the leader.

A Note from On The Path-AGWM

The above-named person is applying to lead a short-term mission trip. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our missions program. We appreciate your candor; please know your insight will be kept confidential. Please return the form On The Path-A in the stamped and addressed envelope provided for you by the applicant. If you are related to the applicant, this evaluation should come from another responsible person. Thank you for your assistance.

Personal Information

1. What is your relationship to the applicant and how long have you known the applicant? _____ Years
2. How well do you know the applicant? (please circle) Slightly Casually Well Very Well
3. Do you believe the applicant is a committed Christian? _____
4. To what extent is the applicant involved in your church? (please circle)
No Involvement Slightly Involved Involved Very Involved
5. What special talents has he/she shown? _____
6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? _____ If yes, please explain.

8. Do you feel the applicant is emotionally qualified to lead a missions trip? (Please Circle) Yes No
9. In your knowledge has the applicant ever displayed inappropriate behavior towards a minor? (Please Circle) Yes No

Mature Christian Reference Form **For LEADERS**

(Continued)

Please rate the applicant in the following areas.

Category	Excellent	Good	Fair	Poor	Comments
Christian Life					
Social Adaptability					
Ability To Get Along With Others					
Leadership					
Cooperation					
Servant Heart					
Teachableness					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude Toward Authority					

Knowing the applicant as you do, what recommendation would you make? (Please select one.)

- Strongly Recommend
- Recommend
- Recommend With Reservation
- Do Not Recommend
- Prefer Not To Make A Recommendation

Comments _____

Please choose on of the following:

- I am personally acquainted with the applicant, and in my opinion he or she is competent and qualified to work with minors of any age. I know of no facts that raise any question concerning his or her suitability for working with minors in any activity.
- I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day:
 () _____ - _____

Signature _____ **Date** _____

Print Name _____

Relationship to
Applicant _____

On The Path-AGWM

Minor Team Member Information and Parental Consent/Release Form

This form is intended only for those attending a On The Path Trip who are under the age of 18.

Two of these consent/release forms are required; one must be an original, notarized form, the second can be a copy of that original. Team participants must give both to their team leaders (the copy gets mailed to ON The Path and the original goes with your team leader as you travel). Individual participants send the copy directly to On The Path and deliver the original to their ministry leader once arriving at their ministry site. It is also recommended that parents make photocopies for their own records. This information is required for the safety of all participants.

Church Name _____

Team Leader _____

Church City, State _____

Trip Attending And Dates _____

General Information

Minor's Name As It Appears On Their Passport _____

Date of Birth ____/____/____

Email Address (Required) _____

Minor's Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Minor's Cell Phone No. _____

Father's Name _____ Mother's Name _____

Father's Work Phone No. _____ Mother's Work Phone No. _____

Does this child live with both parents? If no, please explain _____

Family Doctor _____ Dr. Phone No. _____

Insurance Company Covering Minor _____ Policy No _____

T-SHIRT SIZE (please circle): S M L XL 2X

You will receive a free On The Path shirt only if your registration form, \$25 registration fee, and consent/release form is received by ON The Path before **May 1, 2008**. The form must be complete and notarized to receive this offer, and custom trips and Spring Break trips are not eligible. T-shirts will be available for purchase for those who do not make the deadline.

Spiritual Information

Please describe your walk with God: _____

Why do you want to be a part of this missions trip? _____

Medical Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes_____ No_____ (if yes, please explain) _____
- Is your child allergic to any type of medication? Yes_____ No_____ (if yes, which one) _____
- Does your child medically require a special diet? Yes_____ No_____ (if yes, please explain) _____

- Does your child have (or has ever had) any of the following: (circle, and explain below)
Seizure disorders Asthma Heart murmur
Diabetes Hay Fever Kidney disease

- Does your child have any allergies other than medical? Yes_____ No_____ (if yes, please explain) _____

- Does your child ever sleep walk? Yes_____ No_____
- Can your child swim? Yes_____ No_____
- Does your child have any physical condition or illness which would prevent him/her from participating in normal rigorous activity? Yes_____ No_____ (if yes, please explain) _____

Medical Treatment Authorization

I (we) understand that I (we) will be notified in the case of a medical emergency involving my (our) child. However, in the event that I (we), or either of us, cannot be reached, I (we) authorize the calling of a doctor and the providing of necessary medical services in the event my (our) child is injured or becomes ill. I (we) authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of my (our) child, if required by law or a health care provider. I (we) understand that the national AIM office, ON The Path-AGWM, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

I (we) agree to notify the church in the event of any health changes which would restrict my (our) child's participation in any activities. I (we) also understand that the adult church representatives reserve the right to restrict my (our) child from any activity that they do not feel is within the physical capabilities of my (our) child.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Insurance Election

I (we) am (are) aware of the hazards and risks to my (our) child associated with serving in a missions capacity, as described above. I (we) further understand that On The Path-AGWM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I (we) am (are) responsible for obtaining any additional insurance coverages that I (we) consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- \$10,000 per person accidental medical and sickness coverage
- \$200,000 per policy year medical assistance including:
 - Emergency medical evacuation -Medically supervised repatriation -Repatriation or mortal remains

Please check the appropriate box:

- I (we) do not desire any *additional* trip insurance coverage for my (our) child other than what On The Path-AGWM currently provides.
- I (we) do desire *additional* trip insurance coverage, and I (we) assume full responsibility for obtaining such coverage from a private insurance carrier at my (our) expense.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Cancellation Policy

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I have read and understand the cancellation policy.

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

General and Travel Consent

I (we), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in a ON The Path-AGWM AIM trip during 2009, including swimming, boating, hiking, sports events, and any other activities customarily associated with a ON The Path-AGWM, AIM trip. Further, I (we) certify that my (our) child is physically able to and adequately trained to participate in such events, including swimming.

I (we) do not authorize our child to participate in any of the following activities: _____

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

If this trip is to a location outside of the United States of America, I (we) also authorize my (our) child to travel across the US border. *(only fill out if applicable to your trip)*

My child has permission to travel to _____ under the supervision of _____
Travel Destination Team Leader

Father's Initial _____ **Date** _____ **Mother's Initial** _____ **Date** _____

Assumption of Risk

I, _____ (name of volunteer), together with my parents, _____ (father) and _____ (mother), in consideration of my acceptance as a short-term volunteer with On The Path-AGWM and Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of ON The Path-AGWM, AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. We are aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I also understand that I am responsible to only bring to the field what is necessary for me on this trip and these items may be lost or stolen. On The Path-AGWM is not liable for my belongings, and if I would like insurance for my luggage, I must be responsible to attain that myself. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. We attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverage described above, we waive and release any and all claims for damages which I, or my parents, heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, On The Path-AGWM, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. We expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. We further state that **WE HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS RELEASE AS OUR OWN FREE ACT.**

Signature of Team Member

I hereby state that I have personally read and completed this ON The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I specifically state that I agree with the Assumption of Risk form on the previous page.

Print Name (Child) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp) _____

Dated..... Title Signature

My appointment expires

Signatures of Parents/Guardians

I hereby state that I have personally read and completed this On The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I am also signing in agreement with the Assumption of Risk form on the previous page.

Print Name (Father) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp) _____

Dated..... Title Signature

My appointment expires

I hereby state that I have personally read and completed this On The Path-AGWM Parental Consent/Release Form in its entirety, and I am responsible for what it entails. I am also signing in agreement with the Assumption of Risk form on the previous page.

Print Name (Mother) _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. (Seal Or Stamp) _____

Dated..... Title Signature

My appointment expires

ON The Path-AGWM

Adult Team Member Information and Release Form

This form is intended only for adults attending a ON The Path-AGWM trip who are 18 years old or older.

Two of these consent/release forms are required; one must be an original, notarized form, the second can be a copy of that original. Team participants must give both to their team leaders (the copy gets mailed to On The Path-AGWM and the original goes with your team leader as you travel). Individual participants send the copy directly to ON The Path-AGWM and deliver the original to their ministry leader once arriving at their ministry site. This information is required for the safety of all participants.

CHURCH NAME

TEAM LEADER

CHURCH CITY & STATE

TRIP ATTENDING & DATES

Please check one:

- I am attending this trip as a leader, holding responsibility for leadership of my team.
- I am attending this trip as a team member, NOT holding responsibility for leadership of my team.

GENERAL INFORMATION

Name As It Appears On Your Passport _____

Date of Birth ____/____/____ **Email Address (Required)** _____

Address _____

City, State, Zip _____

Home Phone No. (____) _____ Alternate Phone No. (____) _____

Emergency Contact _____ Phone No. (____) _____

Have you ever been convicted of or pleaded guilty to a crime? (Please circle) **Yes** **No**

If yes, please explain. _____

T-Shirt Size (circle one): **S M L XL 2X**

You will receive a free On The Path shirt only if your Information and Release form is received by On The Path-AGWM **May 1, 2008. The form must be complete to receive this offer. T-shirts may be available for purchase for those who do not make the deadline.**

Insurance Election

I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described below. I further understand that AGWM currently requires the insurance coverage summarized below, that the cost of the insurance is included with the trip, that this coverage are subject to change, and that I am responsible for obtaining any additional insurance coverage that I consider necessary:

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- \$10,000 per person accidental medical and sickness coverage
- \$200,000 per policy year medical assistance including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation or mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

You Must Check One Of The Following:

- I do not desire any *additional* trip insurance coverage for myself other than what On The Path-AGWM currently provides.
- I do desire *additional* trip insurance coverage, and I assume full responsibility for obtaining such coverage from a private insurance carrier at my expense.

Initial _____ Date _____

Medical Questionnaire

- Are you presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No _____ (if yes, please explain) _____
- Are you allergic to any type of medication? Yes _____ No _____ (if yes, which one) _____
- Do you medically require a special diet? Yes _____ No _____ (if yes, please explain) _____
- Do you have (or has ever had) any of the following: (circle, and explain below)

Seizure disorders	Asthma	Heart murmur
Diabetes	Hay Fever	Kidney disease
- Do you have any allergies other than medical? Yes _____ No _____ (if yes, please explain) _____
- Do you ever sleep walk? Yes _____ No _____
- Can you swim? Yes _____ No _____
- Do you have any physical condition or illness which would prevent you from participating in normal rigorous activity? Yes _____ No _____ (if yes, please explain) _____

Medical Treatment Authorization

I authorize the calling of a doctor and the providing of necessary medical services in the event I am injured or become ill. I authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on my behalf, if required by law or a health care provider. I understand that the national AIM office, On The Path-AGWM, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

I agree to notify the church in the event of any health changes which would restrict me from participation in any activities. I also understand that the adult church representatives reserve the right to restrict me from any activity that they do not feel is within the physical capabilities of me.

Initial _____ Date _____

Cancellation Policy

ON The Path-AGWM understands that cancellations are sometimes inevitable. For such circumstances, we have adopted this Cancellation Policy which applies to all registrants – individuals or teams – in order to ensure proper stewardship of the finances associated with missionary work. Full-time missionaries should not be burdened by expenses incurred from registrants who cancel their trips, and we requests that registrants be mindful of this. We appreciate your understanding and cooperation as we steward the task that God has set before us.

Questions about this policy can be directed by email to staff@onthepath.info or by phone to 360-657-5541.

Cancellation Procedure

For accountability purposes, verbal cancellations will not be accepted. Cancellations must be sent by email. The cancellation will be considered effective according to the email timestamp. Notifications received after business hours or on weekends or holidays will be effective the next business day.

EMAIL: staff@onthepath.info

Registration Fees

Registration fees are non-refundable deposits to guarantee participation in a On The Path-AGWM trip. Cancellations will lose this deposit in all circumstances.

Airfare Fees

Because of the complexity of travel to some locations, we arrange air travel for certain individuals and teams. This service is billed in addition to registration and trip fees and is non-refundable. On The Path-AGWM is not responsible for airlines operations, and airline scheduling will not effect the terms of this Cancellation Policy.

Early Cancellations

An early cancellation is one that is effective before May 1 for trips scheduled in June, July, or August. Early cancellations will receive a refund of 100% of the trip price. The trip price does not include registration fee or airfare.

Cancellations after May 1st

Cancellation after is one that does not classify as an early cancellation but is effective 21 days before a trip scheduled in June, July, or August. These cancellations will receive a refund of 85% of the trip price. The trip price does not include registration fee or airfare. If there are expenses already spend on the trip that are not covered by the 15% cancellation fee they will be deducted as well.

Late Cancellations

A late cancellation is one that is effective on a date not more than twenty-one days prior to the start date of the trip. Late cancellations are rarely eligible for any refund, but are be evaluated on a case-by-case basis.

On The Path-AGWM
1445 N Boonville
Springfield MO, 65802
425-501-3535
www.onthepath.info
staff@onthepath.info

I HAVE READ AND UNDERSTAND THE CANCELLATION POLICY.

Initial _____ Date _____

Assumption of Risk

I, _____ (name of volunteer), in consideration of my acceptance as a short-term volunteer with On The Path-AGWM and Ambassadors in Mission (AIM) of National Youth Ministries of the General Council of the Assemblies of God, represent and agree that:

1. I am a volunteer worker and acknowledge that I am not an employee of ON The Path-AGWM, AIM, National Youth Ministries of the Assemblies of God, or the General Council of the Assemblies of God.
2. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to the insurance coverage described below, I voluntarily assume all risks of death, injury, illness, and damage to myself or any member of my family associated with such risks, and any damage to my personal property. I further recognize that such risks have always been associated with missionary service. *2 Corinthians 11:23-28.*
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
4. Subject to insurance coverage described above, I waive and release any and all claims for damages which I, or my heirs or successors, may have against AIM, National Youth Ministries of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the AIM trip, or any agent or employee of any of such organizations, arising from my death, injury, or illness, or any property damage or loss occurring during the term of my assignment or as a result of my assignment.
5. In the event that I have minor children who will accompany me on my assignment, I, acting both on my own behalf and in their behalf as their parent and legal guardian, and subject to the insurance coverage described below, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid, and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT.**

Signature

Print Name _____

Signature _____ **Date** _____

Notarization

State of _____, County of _____

(Seal Or Stamp)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated..... Title Signature

My appointment expires