

Church name/affiliation:	

L.I.T. Mission Trip Leader Application (Please print clearly)

	Oklahoma	∃Texas	n Carolina	
Leader Name:	☐ Male ☐ Female	Email Address:		T-shirt Size: Small XL Med XXL
				Large Other
Address:		Cell Phone #1:		
		Phone #2:		
City:		State/Zip:		
List your children at the	retreat:			
In case of emergency, p	lease notify: (pleas	se list someone i	not on the trip)
Name:		Relationship:		
Phone #:		Alternate phone	# :	
	Med	lical Information		
Primary Care Physician:	L MAI	ccia	Phone #:	
Personal Health/Accider	nt Insurance Carrier:	99/0		KIP
Insurance phone #:	0	<u>.</u>		
Group ID #:		Policy #:		
also understand that I must se accountable to the Lord. I unders will be required and be held accoreteens. In doing so, I will allow the trip. I am committed to allow to do great things for God. I also to attitude during the trip is incorrection, therefore, agree to assume, a dinistries, its staff, the host church whatsoever which may arise due	stand that it is my committed the example for them stand that I will be require countable to memorize a them the opportunity to God to stretch me, and understand that I will be asistent, I may be asked as an explicit condition on the condition of the condition	itment to the preteen to follow as a serva red to prepare and pressigned scripture measure the Lord and a limit pray for wisdor held to a higher star to leave and return for my participation, a up from any and all liccuding for ANY	s to challenge the int, teacher, trained and performed the missemory verses before them to stretch and and during the mome at my own earny and all risks. abilities, claims, discussed the integral of the int	em to a deeper walk with Christ. er, and one who will hold them ession trip. I also understand that ore the trip as an example to my o stand for Him during and after ch children and challenge them mission trip, and if my testimony expense. I agree to hold harmless L.I.T. demands, and causes of actions BY ANY OF THE FOREGOING. ection with any transportation of
Your Signature			Date	



	Church name/affiliation:
Leader Name:	
Consent to be photographed, filmed, videotaped, and/or	interviewed and release of liability
I, the undersigned, hereby consent to being photographed, film for L.I.T. Ministries.	ed, videotaped, and/or interviewed by o
I agree that L.I.T. Ministries may use or permit other persons to or video prepared from my photograph, words, or written m purposes and in such manner as L.I.T. Ministries may choosinformational or promotional materials for L.I.T. Ministries include. Collateral materials Internet web site News coverage by television, newspaper, radio, Internet Video news releases Advertisements Tutorials Internal and external video productions Billboards or other outdoor advertising Print ads in newspapers and/or magazines	aterials reflecting my interview for any ose, including but not limited to use in ding:
I understand that I will be paid a total of \$0 for current or futur hereby give up any right to inspect or approve the finished po- connection therewith or the use to which it may be applied.	
I hereby release and agree to indemnify and hold harmless L. employees, agents, representatives, and vendors from any inju of such photographing, filming, videotaping, and/or interviewing personal injury, property damage, invasion of privacy and/or breathy NEGLIGENCE BY ANY OF THE FOREGOING.	ry and/or damages sustained as a resul g, including but not limited to, claims fo
I have read and understand this consent prior to signing.	
Signature (Please pri	nt) Name
Date Address	

Phone #_____

Alternate Phone #