



TOWER OF HOPE INTERNATIONAL MINISTRIES, INC.

PO Box 148 Pennsauken, NJ 08110
Web Site: www.tohim.org

Phone: 856-278-1900
Email: Missiontrips@tohim.org

MISSION TEAM COVENANT AGREEMENT

AS A MEMBER OF THIS TEAM I AGREE TO:

Remember that I am representing Tower of Hope International Ministries, Inc., and more importantly Jesus Christ. I will seek to model Jesus in my behavior and attitude.

Remember that I am a guest visiting at the invitation of my host. I will respect their culture without judgment.

Refrain from complaining, as I recognize that travel to a foreign country can present unexpected and undesirable circumstances; instead of complaining I will be flexible, constructive and supportive.

Abstain from the use, purchase and possession of alcoholic beverages, tobacco and illegal drugs from the beginning of the trip, to the end, including the departure airports, and in route.

Not use profanity at any time.

Adhere to the dress code established by the ministry at all times, and only bring luggage and possessions that are determined by the ministry to be appropriate for the service needs of the mission and the country's culture.

Respect my team leader(s), and his or her decisions.

Attend all team meetings, prayer conference calls before the trip as well as any follow up meetings.

Refrain from teaching or practice of any belief that would not be endorsed by Tower of Hope.

Abide by any additional guidelines which may be deemed necessary by the team leaders during the mission trip.

(Signature)

(Date)

(Tower of Hope International Ministries Inc. staff person)

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LIABILITY RELEASE/ CONSENT FOR TREATMENT

As with any mission endeavor of this type that includes travel, both inside and outside the USA, I realize there are certain risks involved. I have counted the cost, sought God's direction, and am fully persuaded that God has called me to be part of this TEAM. In signing this from, I _____, agree not to hold Tower of Hope International Ministries, Inc., their officers, employees, volunteer assistants liable for any accident, illness, death, loss, or property damage that I might encounter while on a mission trip to Uganda. Date _____

- I take full responsibility for my own health, safety, and well being. Medical/dental insurance and prescription drug costs that I might incur.
- I, _____, being of legal age, authorize a representative of **Tower of Hope International Ministries, Inc.** to act on my behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment including but not limited to diagnostic test, x-rays, anesthesia, surgery or other procedures which may be deemed necessary for my medical well being for the duration of the trip.
- This consent is given in advance of any specific diagnosis, treatment surgery or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment on my behalf.
- Any consent by **Tower of Hope International Ministries, Inc.** or their authorized agents shall have the same force and effect as if I had personally given the consent. Such authorized agents shall act as "in loco parentis" for the duration of the mission trip.

I am aware that serious illness requiring return by air transportation could cost more than \$10,000. I agree that I am solely responsible for any expense that may arise from my return by air ambulance or other extraordinary means that is not covered by travel insurance.

NOTARY REQUIRED:

On this _____ day of _____, 20____, before me personally appeared

_____ to be the person who executed the above release and consent form, and acknowledged before me that he/she voluntarily executed the same.

Notary Public:

My commission expires: _____

We are thrilled that you are prayerfully considering going on the mission trip with us to Uganda on January 12 – 26, 2016. We are joining you in prayer that God would work in you and through you during our ministry as a TEAM.

Please return the entire completed application as soon as possible with a copy of your passport and a non-refundable deposit of \$100, made out to Tower of Hope International Ministries, Inc. Note: Passport must be valid thru July 31, 2016 and have a minimum of 4 blank pages.

The application includes the following documents

To be signed and returned:

- Mission Trip Application
- Health Status Record
- Liability Release / Consent for Treatment (must be notarized)
- Financial Agreement form

To be read and applied:

Trip Preparation, Trip Documentation, Sample Fund Raising Letter

Please mail all forms and deposit to Tower of Hope International Ministries, Inc, P.O. Box 148 Pennsauken, NJ 08110. If you have any questions, please email Trip Coordinator, Gail L Hoffman

missiontrips@tohim.org.

May God Bless you as you prepare for a life changing experience.

Michael Kiyaga

President

Gail L Hoffman

Trip Coordinator

