

**CALVARY PRESBYTERIAN CHURCH
CUBA MISSION TRIP APPLICATION**

The deadline for applying for this trip is March 10, 2010. This is *really* the deadline because of the time needed to obtain travel documents for Cuba. Please return completed applications to Rachel Wolf (Administrative Assistant for the Pastors), Calvary Presbyterian Church San Francisco, CA 94115 or electronically to Rachel at rachelwolf@calpres.org

Cuba Travel: May 24—June 2, 2010

Name: _____ Phone: (home) _____
(Exactly as it appears/will appear on your passport) (work) _____

Fax: _____ Email: _____

Mailing address: _____

Occupation: _____ Citizenship: _____

Passport number: _____ Expiration date: _____
(Note: Passport must be valid for at least 6 months after the return date from Cuba)

Date issued: _____ Place issued: _____

Birthdate: _____ Social sec. # _____

Birthplace: _____ Sex: Female Male

Mother's name: _____

Father's name: _____

Member of Calvary Presbyterian Church Yes _____ No _____

(Applicants must be members/staff members to travel on Calvary's license.)

In case of an emergency notify:

Name: _____ Relationship to you: _____

Phone numbers: Evening: () _____ Day: () _____

Email: _____

HEALTH INFORMATION:

Your present state of health is: Excellent Good Fair

Are you currently under a physician’s care and/or receiving medications?

Yes No If yes, please list the medications:

Do you have any: special diet allergies physical challenges other problems
If so, please explain:

Please note that physical stamina is required. The Cuba trip requires physical stamina, including extensive walking, climbing stairs, carrying own luggage and sleeping in dormitory facilities.

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

Are you covered by illness and accident insurance? Yes No

Does it cover you while traveling overseas? Yes No

Name & address of your insurance company: _____

Policy no.: _____

(Please note, your insurance may not be valid in Cuba)

BACKGROUND INFORMATION:

(Respond on a separate page, if desired)

A. What are your reasons for participating in this trip?

B. Have you traveled to Cuba? If so, how has that experience affected you? If not, what questions or issues you would like to explore while in Cuba. Be specific.

C. Have you ever lived in or visited other countries in the Global South? If so, please describe your experience.

D. How do you plan to use and interpret your experience when you return? (Travelers *may be asked to participate in Cuba Partnership Team activities for one year following the trip*; for example, attend Cuba team meetings, volunteer to host Cuban guests in your home, sign on as a prayer partner, etc.))

E. Please describe any skills, interest or hobbies (such as photography, languages spoken) which might be useful on the trip or in sharing the experience after the trip.

F. This trip is expected to cost \$2200-2800, depending on costs of flights. The first deposit of \$100 will be due on March 10, 2010—fully refundable until the flights are booked and/or the beginning of the visa process. *Some scholarship help may be available. Are you in need of scholarship help for this trip?*

G. Please write a brief biographical statement (100 word maximum) to be included in our introductions to each other before we travel (about yourself, family, work, interests, family, church involvement and experiences to share with the group).

Applicant's signature _____ **Date** _____

**CALVARY PRESBYTERIAN CHURCH
COVENANT AGREEMENT – CUBA MISSION TRIP**

During this time, we will be living together in a Christian community. Christian community is based on love, respect, trust and support. Each of us as a member of the community is important. We believe that this opportunity to travel and study together will strengthen our individual and collective witness as the Church of Jesus Christ. The witness of our host church is also to be considered in our conduct within their communities.

1. Respect the particular rules of the trip as negotiated between the group and trip leader.
2. Respect the requests of the trip leader, even when the logic of request is not apparent.
3. Refrain from all illegal behaviors during the seminar.
4. Refrain from smoking or restrict smoking to areas agreed upon with the host communities and group members.
5. Refrain from inappropriate sexual behavior, including unwelcome verbal or physical conduct of a sexual nature and sexual contact with a partner other than your spouse.
6. Participate in all regularly scheduled activities and honor all meeting times.
7. Sleep in my assigned room so that I may be reached in case of an emergency.
8. Play radios and tape decks and mp3 players with the consideration of others in mind.
9. In all ways, conduct myself as a responsible member of the group, contributing to the safety and well being of the group and the communities visited and remembering that I represent the church of Jesus Christ.

In a community based on love, respect, trust, and support, each participant is responsible for his/her own actions.

Participant's Signature: _____

Participant's Name (print): _____

Date: _____

HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION

Calvary Presbyterian Church is sponsoring this Cuba trip May 24—June 2, 2010 (hereinafter referred to as the **Program**). I, _____ [participant name] of _____ [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 which 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, diseases, 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 which 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 Calvary Presbyterian Church, their staff members, successors, assigns, officers, agents, representatives, and entities 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 Calvary Presbyterian Church. Further, I do hereby agree to indemnify and hold Calvary Presbyterian Church harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' 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 Calvary Presbyterian Church related to the Program, even if any such claim or right of action is caused by Calvary Presbyterian Church's alleged negligence.
5. I hereby state that I am in good health and have all medications 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 my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release Calvary Presbyterian Church, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of Calvary Presbyterian Church's alleged negligence.

6. This document does not release the Calvary Presbyterian Church 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.**

Signature

Witness Signature

Printed Name

Witness Printed Name

Date _____

Date _____