



# PERSONAL INFORMATION FORM

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Please PRINT Clearly

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## TRIP INFORMATION

Trip Destination (community/country): \_\_\_\_\_

Team Leaders Full Name: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

List any medical conditions that could affect your trip and/or **ANY ALLERGIES:**

\_\_\_\_\_

\_\_\_\_\_

*Life in Abundance International will not rent, sell or share any of your personal information.*

**This space is for internal use only. Please do not write and/or mark within this box.**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Personal Information Completed \_\_\_\_\_ Liability Release Completed \_\_\_\_\_

Travel Insurance Completed \_\_\_\_\_ U.S. Dept. of State Registration \_\_\_\_\_

Other Notes:

LIA staff signature \_\_\_\_\_ Date \_\_\_\_\_



## Team Participant Info Page [Return Document #2]

Please fill out the following questions to help us get to know you and plan more strategically on how to use your gifts!

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

1. Occupation:

\_\_\_\_\_

2. If student, what are you studying?

\_\_\_\_\_

3. Ministry Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Ministry Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Gifts, talents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## ASSUMPTION OF RISK AND RELEASE FROM LIABILITY AGREEMENT [Return Document #3 – Page 1 of 2]

**Purpose.** I, \_\_\_\_\_, (print first and last name) agree, by my own free will, decision and initiative, to participate, travel and undertake other related activities (“Activities”) at locations to be determined by Life In Abundance International (“LIA”), a non-profit association, in various parts of the world.

**Acceptance of Risk.** I am aware that the Activities may be HAZARDOUS AND ENTAIL NUMEROUS RISKS. Accordingly, I have read and understood the United States Department of State travel warning provided by LIA pertaining to my destination of travel. I am voluntarily participating in the Activities. These Activities include (but are not limited to) visiting facilities with or on behalf of LIA, visiting countries and facilities in countries that may have forms of civil unrest and violence, and traveling by any means in visiting foreign countries and other related Activities. I understand the danger involved in such Activities and participate with the knowledge that medical facilities may not be available in the event I become ill or injured. Thus, I agree to accept any and all risks of injury, illness, or death, and verify this statement by placing my initials here: \_\_\_\_\_.

**Release.** In exchange for being permitted by LIA to participate in these Activities, I agree that I, my heirs, personal representatives, and assigns, will not make a claim against LIA or its directors, officers, agents, employees, volunteers, suppliers, contractors, subcontractors, or attorneys (the “Released Parties”) for injuries, illnesses or damages resulting from the negligent, reckless, or intentional acts or omissions of the Released Parties. I release the Released Parties from all actions, claims, or demands that I, my heirs, personal representatives, or assigns now have or may have in the future for injuries, damages or death resulting from my participation in any LIA Activities.

**Indemnity.** I agree to indemnify and hold harmless the Released Parties from any and all loss, liability, claims, damages, costs and expenses (including attorneys’ fees) resulting from or relating to, in whole or in part, my participation as a volunteer in LIA Activities.

**Additional Release.** I transfer to LIA all rights, title and interest I may have in any and all photographic images, video or audio recordings, interviews, and other written, visual or broadcast media made, originated or created by LIA or its agents or employees during or in connection with LIA’s Activities, including (but not limited to) any royalties, proceeds, or other benefits derived from such materials.

**Comprehension and Appreciation.** I have carefully read this Assumption of Risk and Release of Liability Agreement and I fully understand its contents. I am aware that this is a legal contract between LIA and me and that it affects my legal rights. I also understand that by releasing LIA from liability, I am giving up certain rights that I would otherwise retain. I acknowledge that I have had the opportunity to review this document and to seek legal advice if I have any questions, and I verify this statement by placing my initials here: \_\_\_\_\_.



**ASSUMPTION OF RISK AND RELEASE FROM LIABILITY AGREEMENT (con't)**  
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**Insurance.** I understand that LIA does not maintain any form of insurance, including but not limited to health, life, liability, or for property loss, for me for any Activities. In the event of injury, I will be responsible for all of my losses, costs, expenses, etc. To mitigate the impact of such a loss, I have obtained the recommended travel insurance for the duration of my trip. I verify this statement by placing my initials here: \_\_\_\_\_.

**Intent of Agreement.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California. I verify this statement by placing my initials here: \_\_\_\_\_.

**Arbitration.** In the event of any claim or dispute relating to this Agreement or any of the Activities or other matters described in the Agreement, I agree that such disputes shall be settled by binding arbitration in California, in accordance with the rules then prevailing of the American Arbitration Association, in lieu and instead of a jury trial. I verify this statement by placing my initials here: \_\_\_\_\_.

**Entire Agreement.** This Agreement embodies the entire agreement and understanding between LIA and me. This Agreement may not be changed, waived, discharged, or terminated unless agreed to in writing by LIA and me.

**Severability.** I agree that in the event that any clause, sentence, or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the validity of that clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable. I verify this statement by placing my initials here: \_\_\_\_\_.

This Agreement is binding upon me and my heirs, personal representatives, and assigns, and any other person making a claim on my behalf. In addition, if I am a married person or have another legally recognized partner, I agree that this Agreement is made by me on my behalf and on behalf of the marital community of my spouse and me, and I agree that this Agreement will be binding on that marital community or, in the event of a legally recognized partner, the same will apply.

**Participant Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

*(If you are under 18 years of age, it is required that your parent/guardian sign this document.)*