



# FBCG Student Mission Trip Tier II Quito Quest 2008

## IMPORTANT DATES:

<u>Event</u>	<u>Date</u>	<u>Time</u>
Parents' Meeting East Campus Quads	February 10	11:00 am
Mission applications due	February 17 <sup>th</sup>	
First Quito Quest Meeting Chapel	February 26	7:00 pm – 8:30 pm
Second Quito Quest Meeting-Chapel <i>SUPPORT LETTERS DUE!!!</i>	March 11	7:00 pm – 8:30 pm
Third Quito Quest Meeting Chapel	April 1 <sup>st</sup>	7:00 pm – 8:30 pm
<i>Servant Auction</i> West Campus	April 13 <sup>TH</sup>	3:00 pm – 9:30 pm
Fourth Quito Quest Meeting Chapel	April 29 <sup>th</sup>	7:00 pm – 8:30 pm
Auction Work Day #1	May 10 <sup>th</sup>	9:00 am – 3:00 pm
Auction Work Day #2	May 17 <sup>th</sup>	9:00 am – 3:00 pm
Quito Quest Team Dedication West Campus	May 18 <sup>th</sup>	Both services
Fifth Quito Quest Meeting: Chapel	May 20 <sup>th</sup>	7:00 pm – 8:30 pm
Quito Quest Team Dedication East Campus	May 25 <sup>th</sup>	Both services
Team Packing Night East Campus Gym	June 18 <sup>th</sup>	6:00 pm
Quito Quest Trip	June 19 <sup>th</sup> – July 2 <sup>nd</sup>	
Post-Trip Potluck and Photos	July 8 <sup>th</sup>	6:00 pm

PUT THESE DATES ON YOUR FAMILY CALENDAR NOW!

**KEEP THIS PAGE!**

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

Received: \_\_\_\_\_  
(Office Use Only)

# Quito Quest 2008

## Application Checklist

**Your application is not complete if it is missing any of the items on the checklist below. Please put this page, each form, and your check in an 8 ½" X 11" envelope with your name on it and turn it in to Sterling or Kim.**

***DO NOT turn in your application unless ALL items are included!***

- \$600 check made out to First Baptist Church of Geneva**
- 2 page application**
- Reference letter (see #9 on application)**
- FBCG Participant Information Form**
- Photocopy of insurance card, both sides**
- FBCG Permission and Medical Consent/Liability Release**
- International Teams Waiver – *Must be notarized***
- Photocopy of first two pages of your valid passport (with photo and signature)  
OR—proof that you have applied for a new passport or renewal of your expired passport**
- T-Shirt size circled below (adult, 100% cotton)**

**S**

**M**

**L**

**XL**

**XXL**



5. WHAT IS THE MOST PHYSICALLY DEMANDING THING YOU HAVE EVER DONE?  
WHAT DID YOU LEARN FROM THE EXPERIENCE?

6. WHAT HAS GOD BEEN DOING IN YOUR HEART/LIFE LATELY?

7. HOW WELL DO YOU TEND TO WORK WITH AND GET ALONG WITH PEOPLE  
YOU DON'T KNOW VERY WELL?

8. WOULD OTHERS DESCRIBE YOU AS A FOLLOWER OR A LEADER? EXPLAIN.

9. PLEASE INCLUDE A **LETTER OF REFERENCE** FROM AN ADULT OTHER THAN  
YOUR PARENTS, WHO KNOWS YOU WELL AND CAN AFFIRM YOUR  
CHARACTER AND QUALIFICATIONS.

If I am accepted as a member of this year's missions team...

I am committed to participating in all training dates and the Servant Auction. I will be faithful to do my part in raising the necessary funds for this trip.

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SIGNATURE

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PARENT SIGNATURE

**\*\* Applications are due by February 17<sup>th</sup> \*\***  
**FBCG Participant Information**

**Quito Quest: June 19-July 2, 2008**

Participant's Name:	Birth Date:
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**Parent/Guardian Information**

Name(s)/Relationship:		
Address:		
Home Phone:	Work Phone:	Cell Phone:

**Alternate Emergency Contact**

Name(s)/Relationship:		
Home Phone:	Work Phone:	Cell Phone:

**Medical/Health/Insurance Information**

Participant's Doctor's Name/Name of Practice:	
Doctor's Address/Phone:	
Health Insurance Company:	Phone Number:
Group and/or Policy Number:	
Medications/Doses/Side Effects:	
Allergies:	
Special Conditions:	

While staff will not be responsible for the administration of medication, we do want to have knowledge of medications students will have in their possession for medical reasons. All prescribed medications must be in an original container or vial, as provided by the pharmacist, with the prescription/dosage affixed. Non-prescription (over the counter) medications must be provided in the original container labeled with the student's name. All medication must be listed. This form must be turned in before departure. **Your signature below indicates your permission to allow your student to take listed medications with dosage indicated if needed.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**FBCG PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE**

**FBCG Student Missions Tier II  
Quito Quest 2008**

**INTERNATIONAL TEAMS  
Waiver and Release Form  
For all applicants**

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

The undersigned(s) being at least eighteen years old, or the lawful parent(s) and/or guardian(s) of the above mentioned participant (“participant”), hereby consents to the participation of the participant in the FBCG Student Missions Tier II Quito Quest trip as conducted by First Baptist Church of Geneva, IL, and to the participation of the participant in all events relating to the activity from June 19-July 2, 2008.

The undersigned hereby further authorize(s) any of the staff, employees, volunteer staff and representatives of First Baptist Church of Geneva, IL to provide for, approve and authorize any health care at any hospital, emergency room, doctor’s office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the participant. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the staff, employees, volunteer staff or representatives of First Baptist Church of Geneva will first use reasonable efforts to contact the parent(s) and/or guardians(s), or emergency contact(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, First Baptist Church of Geneva, IL, its staff, employees, volunteer staff, and representatives shall not have the authority to withhold or withdraw life-sustaining procedures for the participant.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge First Baptist Church of Geneva, IL and its staff, employees, volunteer staff, and representatives of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action (collectively the “Claims”) in respect of death, injury, loss or damage to the participant(s) or by the participant(s), howsoever caused, arising or to arise by reason of or during the participants participation in the FBCG Student Mission Tier II Quito Quest trip.

This Consent Form may be revoked at any time before the expiration date with written notice to First Baptist Church of Geneva, IL.

I/we agree to cover all costs if I/my child needs to be sent home for disciplinary reasons.

\_\_\_\_\_  
Signature(s) of participant (if 18 years or older)      or      Parent(s)/Guardian(s)

I/we have read this form carefully and am/are aware that by signing this form and by engaging in any missions work in any way planned, organized, coordinated, supervised or funded by International Teams, whether as an employee, independent contractor, volunteer, or in any other capacity, including without limitation any travel, training, orientation, support or other activities related to or incidental to such missions work (the "Missions Activities") at my/our own risk, I/we am/are WAIVING AND RELEASING, on behalf of myself/ourselves and all of my/our children or future children, all claims arising out of or related to such Missions Activities.

I/we have fully informed myself/ourselves of all of the details of the Mission Activities I/we will engage in and have received satisfactory answers to all questions I/we have concerning Mission Activities, including the risks inherent in the Missions Activities and missions work in general, and believe and represent that I/we have the necessary abilities, skills and knowledge to participate in the Missions Activities. I/we further represent that I/we will similarly inform myself/ourselves before engaging in any Missions Activities that are not presently contemplated and I/we will not engage in any Mission Activities that I/we do not believe that I/we have the necessary abilities, skills and knowledge to participate in. I/we recognize and acknowledge Missions Activities involve risks of bodily injury, death, and property loss. I/we hereby agree to, and do, assume the full risk of any injuries including death, and of any property loss, and of all expenses, costs, damages and losses that I/we or the person on whose behalf I/we am/are signing, may sustain as a result of participating in any Mission Activities.

### WAIVER OF AND RELEASE OF CLAIMS

I/we hereby agree to, and do, waive, release and relinquish all claims, demands, rights and action damages, liabilities and controversies of every kind, known and unknown, present and future, that I/we, or the person on whose behalf I/we am/are signing, may have against INTERNATIONAL TEAMS, their officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to any Mission Activities.

I/we have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS, and execute it of my/our free will and without any reservation whatsoever.

APPLICANT:

PARENTS OR LEGAL GUARDIAN  
(if applicant is a minor)\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of applicant, if a minor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print name of Parent or Legal Guardian

\_\_\_\_\_  
City State/Province Code

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print name of Parent of Legal Guardian

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.

SUBSCRIBED and ACKNOWLEDGED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
City State/Province Code

\*The adult/legal age varies from state to state.

Return to:  
INTERNATIONAL TEAMS: 411 West River Road, Elgin, IL 60123