



# Short Term Missions Application

Only those applications completed in entirety will be considered by the elders of Harvest Bible Chapel

## 1. Personal Information

Last Name		First Name		How long have you been attending Harvest Bible Chapel?	
Address			City / Province		Postal Code
Home Phone ( )		Cell Phone ( )		Work Phone ( )	
Date of Birth			e-mail		
Are you a member of HBC?			Name of Small Group Leader		
Citizenship		Passport #		Expiration Date of Passport	
Do you have the financial resources required to attend this trip? If not, what portion of the cost will you be able to contribute personally? Please explain how you will raise the remaining support.					

## 2. Emergency Contact Information

Last Name		First Name		Relationship to you	
Address			City / Province		Postal Code
Home Phone ( )		Cell Phone ( )		Work Phone ( )	

## 3. Medical Information

Doctor's Name		Doctor's Phone Number	
Health Card Number			







Release and Waiver of Liability
Please read this document carefully

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
by \_\_\_\_\_ (the "Volunteer") in favor of Harvest Bible Chapel in Oakville, Ontario, a nonprofit
organization existing under the laws of the Province of Ontario, Canada.

I, the Volunteer, desire to work as a volunteer on behalf of Harvest Bible Chapel Oakville (HBCO) and its agents, and engage in the
activities related to being a volunteer for a work/missions team (the "Volunteer Work"). I understand that the activities may include
but are not limited to, traveling to and from other cities and towns, consuming food and living in accommodations available and
provided, and otherwise working and/or ministering in regions or countries which may pose a degree of threat to my person.

I, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release. I, the volunteer, release and forever discharge and hold harmless HBCO and its successors and assigns from
any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise
from the Volunteer Work.
2. Insurance. I, the volunteer, understand that, except as otherwise agreed to by HBCO in writing, HBCO does not carry or maintain
health, medical, or disability insurance coverage for any volunteer.
3. Medical Treatment. Except as otherwise agreed to by HBCO in writing, I hereby release and forever discharge HBCO from any
claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in
connection with an emergency during my time in the Volunteer Work.
4. Assumption of Risk. I understand that the Volunteer Work may include activities that may be hazardous to me, including, but not
limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from
the work sites. I recognize and understand that the Volunteer Work may involve inherently dangerous activities. I also
understand that consuming local foods, living in local accommodations and traveling to and from locations all pose risks.
5. I hereby expressly and specifically assume the risk of injury, illness death or property damage arising from the
Volunteer Work, however caused.
6. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Province of
Ontario, and that this Release shall be governed by and interpreted in accordance with the laws of the Province of Ontario. I agree
that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the
invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be
enforceable. This Release and Waiver of Liability will be governed by the laws of the Province of Ontario.

I have carefully read this Release, I understand its content and purpose, and I agree to its terms. I acknowledge that I have had the
opportunity to ask questions about the Release and to seek independent legal advice. To express my agreement to this release, I sign
here with a witness.

Volunteer: Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_
Address \_\_\_\_\_ Date \_\_\_\_\_
Witness: Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date \_\_\_\_\_