



BASIC INSTITUTE FOR ZONAL ADVANCEMENT OF AFRICA

CONFIDENTIAL

2020 MISSION TRIP ATTENDEE REGISTRATION, CONSENT FORM AND INDEMNITY AGREEMENT

Legal Name on Passport: _____ Birth Date: _____

Gender: Male Female Faith Community/Organization (if any): _____

Home Address: _____ City/State/ZIP: _____

Cell Phone: _____ Email: _____

Destination/Date of Event: Nigeria; departing March 19, 2020; returning March 29, 2020

Mission Trip Coordinator: Terry Provo; terry@bizaa.org; cell: 651-329-9077

Cost of Trip: \$4,000.00, includes airfare, accommodations, meals and transfers/transportation in Nigeria. Costs for required visa (approx. \$250) and immunizations are not included in the \$4000.00.

Deadline for Committed Participation: January 15, 2020

Full Payment Due By: January 15, 2020

Send this form and your check (made out to BIZAA) to: BIZAA, 13570 Grove Drive #279, Maple Grove, MN 55311

I, _____ [participant's full name PRINTED], have voluntarily enrolled to participate in the above-named mission trip and I warrant that I am in good health. In consideration of my participation, I agree to indemnify the Basic Institute for Zonal African Advancement (BIZAA), St. Vincent de Paul Catholic Church, and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against these entities/organizations by myself or others as a result of the activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by Basic Institute for Zonal African Advancement (BIZAA), St. Vincent de Paul Catholic Church and the Archdiocese of St. Paul/Minneapolis in defense of such a claim/law suit. I also hereby waive and release the named organization, church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by them or their agents with regard to any injuries or damages I may incur during the course of the mission trip. This release and waiver shall not apply to claims that may arise from intentional acts. Should photos or video be taken, I give my permission for the use of my image and/or likeness in any promotional or other marketing activities of the organization(s) without compensation to me. NOTE: If you do not want your image and/or likeness to be used to promote BIZAA International Outreach events, contact the above-stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport me to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, please notify the following individual of my condition:

Name (printed) Phone number Relationship to Me

Current Medications: _____

Allergies: _____

Name of Doctor: _____ Phone number: _____

Healthcare Insurance: _____ Policy #: _____

Delta SkyMiles Account #: _____ Airline Seat Preference: Aisle Window

I agree to all of the above-stated considerations and conditions.

Signature

Date