



Mission Trips Minor Application

(to be completed by participants 17 years and under)

Note -

LBC will provide travel insurance for all participants through Gallagher Insurance Company.

Check with the Missions office when turning in this application to determine what deposit is required.

I understand Lexington Baptist Church reserves the right to accept, decline or retain any person as a member of the mission trip at any time.

- Signature Required: _____

Fundraising – Because the majority of this trip is funded by gifts from the members of Lexington Baptist Church through our Global Missions offering, it is the Church policy that individual fundraising not be directed to Lexington Baptist members or within Lexington Baptist Church.

- Signature Required: _____

Personal Information:

Date: _____

Name (as on Passport for International trips): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (home) _____ (cell) _____

E-mail address: _____

Date of Birth: _____ ☐ Male ☐ Female

School Attending: _____

Person to be named as beneficiary on travel insurance: _____

You must provide a copy of your driver's license (for National trips) or passport photo page (for International trips).

Project Description:

Location of Mission Project: _____ Dates: _____

Please describe your understanding of the ministry you will have on the field:

List any foreign languages you speak and describe your proficiency in each language:

Please describe any gifts, skills, talents, or experiences that you believe will be helpful on this mission project:

Ministry Involvement:

Church Membership: ☐ Lexington Baptist ☐ Other _____

How long have you been a member? _____

Personal Testimony:

Please provide a brief description of your personal testimony including your salvation experience and your current relationship with God:

Please provide a brief description of why you believe God has led you to participate in this project and what you hope to accomplish:

Medical Information

Please describe your current health: _____

Please describe any major illnesses or emergencies you have had in the last five years:

Are you presently under the care of a physician? _____ If yes, please explain:

Please list any medications you are currently taking: _____

Please describe any allergies you have: _____

Emergency Information:

Primary Physician: _____ Phone Number: _____

In case of an emergency, please notify:

Name: _____ Relationship: _____

Phone Number: _____

E-mail address: _____

Personal Insurance Information:

Insurance Company: _____ Insurance Policy #: _____

Policy Holder's Name: _____ Relationship: _____

Participation Agreement

I agree to release, discharge, and hold harmless Lexington Baptist Church, its employees, agents, and members from any and all claims or demands due to personal injury, illness, or death as well as any and all property damage sustained of any nature which may be incurred by me, whether in foreign or domestic territory, while participating in the above described activity or event. I also agree to be directed by and responsible to the designated church leadership for the project. Further, I agree to hold harmless and to indemnify Lexington Baptist Church as well as its employees, agents, or members for any liability or expenses sustained by the Church as a result of my participation.

I hereby authorize the Church or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances. I have fully disclosed all medical conditions and medications within this application and agree not to jeopardize the work of this team or their safety in proceeding with this trip if advised against by my physician or team leader.

Signature of Participant or Legal Guardian

Date

PARENTAL PERMISSION /AFFIDAVIT FORM

In consideration for participating on the following Lexington Baptist Church, Lexington SC, short-term mission project:

I/We _____
(full names of parents or legal guardians)

Am/are the lawful parent(s) or legal guardian(s) of:

Minor's full Name: _____

Date of Birth: _____

Passport #: _____

Date and Place of Issuance of Passport: _____

_____, has my/our consent to travel with Lexington Baptist Church
(Minor's full name)

and its representatives: _____
(team leader 1 full name and passport #)

and/or _____
(team leader 2 full name and passport #)

to and from _____
(location)

I give permission for my child to be photographed or videotaped for resulting pictures/videos to be used in reports, publicly, locally and on the LBC website. (check one) **YES** _____ **NO** _____

I also authorize Lexington Baptist or its representatives to initiate any medically necessary care on my son/daughter's behalf in the event of my son/daughter's incapability to present themselves for such care and agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Trip dates are from _____ to _____ but permission will extend to completion of trip should any delays occur.

Parent(s)/Guardian Signature: _____;

Date: _____

Notary:

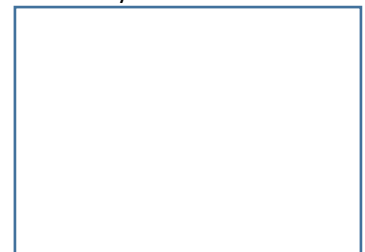
Before me, a notary public, on this day personally appeared _____
Parent(s)/guardian name

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Notary Signature: _____

Commission Expires: _____

Notary Seal



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|--|--------------|--|--|
| Financial and Information Systems Management Guide | | Lexington Baptist Church | |
| | | 308 East Main Street ♦ Lexington, South Carolina 29072 | |
| | | Mission Trip Donor Form | |
| Effective | January 2019 | | |

As part of Lexington Baptist Church's mission ministry, we have regularly scheduled Mission trips, both domestic and International. These trips are part of our church's strategy to follow Jesus' commandments in Matthew 28:19-20.

The IRS guidelines regarding the ability to treat contributions for mission trips as tax deductible contributions are complex. **The church does not provide any tax counsel or guidance to a donor, nor does it assume any responsibility other than that required by law.** In general, the only time a contribution can be considered a tax-deductible contribution for Mission trips are:

- ♦ When the donor understands that the financial gift is an irrevocable transfer. I.e., the church cannot refund the financial gift without serious legal risks to both the Church and the individual.
- ♦ The church at all times maintains administrative control of the trip and the expenditures related to the trip
- ♦ The Mission trip is consistent with Lexington Baptist Church's evangelistic mission and the trip is not for recreational purposes.

Any contribution toward a Lexington Baptist Church's sponsored Mission trip must be accompanied by this form. Please read the following options carefully and check the one that applies to your contribution:

☐ **Option 1.** I wish for the attached contribution to be treated as a tax-deductible contribution. I understand by doing so, I release full control of the contribution to Lexington Baptist Church. I understand the church retains full administrative control over the mission trip and that the trip is intended to further Lexington Baptist Church's evangelistic mission. I further understand that the church retains the right to refuse to refund any money contributed toward the mission trip.

Funds are requested to cover the expenses of: _____

Name of Mission Trip: _____

Date of Mission Trip: _____

☐ **Option 2.** I wish for the attached financial payment to be used to cover the expenses of the person listed below for the purpose stated herein. In order for this payment to be designated for the explicit use of the stated individual as well as to be refundable in the event that the individual listed is unable to participate, I hereby waive any consideration of this payment as a tax-deductible gift.

Funds are to cover the expenses of: _____

Name of Mission Trip: _____

Date of Mission Trip: _____

Signed: _____ Date: _____

Printed Name: _____