Marathon Missions International (MMI)

Application

(All information will be kept strictly confidential and will only be used to obtain necessary documents, insurance, etc. for the mission trips)

PERSONAL INFORMATION

Name: *(as appears on your passport)*_____

Mailing address: _____

City:_____ ST:_____ Zip:_____

Phone: (work) _____(cell)_____

Email address:_____

SSN:_____-___-_____ DOB: ____/_____/_____ Marital

Status:_____

***Passport Number:_____ expiration date _____/_____/_____

Date of Issue: _____/_____/_____

(Passport must have at least 5 blank pages for Visa and be valid for 6 months after your return to the US)

MEDICAL INFORMATION

Primary care physician:_____ Phone: _____
Health Insurance Co: _____ Policy # _____
(This information will be used in case of emergency when traveling. It is always a good idea to purchase International Traveler's Insurance for your time outside of the USA. Please check with your health care insurance carrier or your local insurance company.)

List any medical conditions that we need to be aware of that may affect your involvement in any activities during this trip. _____
_____

List any medications that you are currently taking: _____
_____

PHYSICALS & VACCINATIONS

MMI suggests that you speak to your primary healthcare physician before participating on any mission trip. We also suggest that you contact your local Health Department to make sure you have all up to date shots and any other vaccinations as recommended by the CDC. YOU MUST HAVE A YELLOW FEVER SHOT in order to travel outside of the USA with MMI.

EMERGENCY CONTACT INFORMATION

Should any emergency situation arise during this trip, please list 2 emergency contacts.

Name: _____

Phone:_____

Relationship:_____

Name: _____

Phone:_____

Relationship:_____

VISA INFORMATION

Do you have a current Visa for the country you are visiting?

____ Yes exp date? ___/___/___

___ No (if no, please fill out the following information)

List any previous names and reason for change (i.e. marriage, divorce, etc)

Name: _____ Reason for change:_____

Name: _____ Reason for change:_____

Place of Birth (city/state/country):

_____

Mother's full (maiden) name:

_____

Father's full name:

_____

Your Occupation: _____ Name of Employer:_____

Business address: _____Phone: _____

City: _____ ST _____ ZIP _____

MINISTRY INFORMATION

What church do you attend? _____How long?_____

List any ministries that you are currently involved with: _____

_____

_____

Have you ever participated on a mission trip? If so, when & where? _____

_____

Briefly describe your salvation experience and current relationship with God: _____

_____

_____

_____

_____

_____

Have you ever had any experience sharing your faith / testimony? _____ (if so, please describe.) _____

_____

_____

_____

List any special talents / abilities / skills that you would be willing to exercise during this trip: _____

_____

_____

_____

We will hold several informational and training meetings in preparation for the mission trip. All participants are expected to attend every meeting, as important trip details and instructions will be provided. Even if you have participated in previous mission trips,

your attendance is essential. Your experience and support will be especially valuable to those entering the mission field for the first time.

As we enter the mission field, we do so as ambassadors for Christ. Therefore, we are expected to demonstrate a Christ-like attitude in our words, actions, and interactions at all times. One of the most important phrases to remember throughout the trip is "BE FLUID." Plans and schedules may change at any time, and we must remain fluid and willing to make the necessary adjustments as the Holy Spirit leads. Above all, we are going to serve wherever and however we are needed, working together in faithful service to our Lord.

PAYMENT*

There is a nonrefundable application fee of **$150** which is due upon submitting this application. ***This fee is nonrefundable . INITIAL HERE: _____**

Airline Ticket & Payment Information

We will monitor airline ticket prices to secure the best possible fare and will prayerfully purchase tickets as soon as the price is right. Please be prepared to submit payment **three months prior to the mission trip**.

Cancellation Policy: Refunds for airline tickets are based solely on the insurance you purchase. MMI will not be responsible for refunding any funds for airline tickets.

INITIAL HERE: _____

The grounds fees are due one month prior to the mission trip. This fee includes your lodging, travel and food; as well as feeding the people of the community which you are ministering in and helping fund the cost of ministry and crusades in that community.

***This fee is nonrefundable . INITIAL HERE: _____**

Marathon Missions International (MMI)

Mission Trip Participation Agreement, Assumption of Risk & Release of Liability and Voluntary Participation

I, _____, acknowledge that I have voluntarily applied to participate in a short-term mission trip with Marathon Missions International ("MMI").

I understand that MMI assists in organizing mission trips that may involve domestic or international travel, volunteer service, ministry activities, and other related events.

By signing this agreement, I acknowledge that my participation is entirely voluntary.

Participant Initials: _____

Assumption of Risk

I understand that participation in a mission trip involves inherent risks, including but not limited to:

- Illness or disease
- Accidents or personal injury
- Crime or theft
- Political unrest or governmental restrictions
- Transportation-related incidents
- Natural disasters
- Exposure to unfamiliar environments
- Death
- Other known and unknown risks associated with domestic or international travel and ministry activities

I knowingly and voluntarily assume all such risks, whether foreseen or unforeseen, and accept full responsibility for any injury, illness, loss, damage, or death that may result from my participation.

Participant Initials: _____

Criminal Background Check

Have you ever been convicted of a criminal offense?

☐ Yes ☐ No

If yes, please explain:

_____

_____

I, _____, authorize Marathon Missions International (MMI) to conduct a criminal background check as part of the mission trip application process.

Because mission team members may work with children, vulnerable adults, or other protected individuals, I understand that certain criminal convictions—including crimes against children, sexual offenses, or violent felonies—may make me ineligible to participate.

All other criminal convictions will be reviewed individually by the MMI Board of Directors, and eligibility will be determined on a case-by-case basis.

Participant Initials: _____

Release of Liability

In consideration of being permitted to participate in this mission trip and for MMI's assistance in organizing and facilitating the trip, I voluntarily release, waive, discharge, and covenant not to sue Marathon Missions International (MMI), including its officers, directors, board members, employees, volunteers, representatives, agents, affiliates, and successors (collectively referred to as the "Released Parties"), from any and all claims, liabilities, demands, causes of action, damages, losses, or expenses arising out of or related to my participation in the mission trip.

This release includes, but is not limited to, claims arising from personal injury, illness, disability, property damage, or death, whether caused by negligence or otherwise, to the fullest extent permitted by applicable law.

I understand that by signing this agreement, I am giving up certain legal rights that I or my heirs, estate, executors, administrators, or personal representatives may otherwise have.

Participant Initials: _____

Medical Treatment Authorization

In the event of an emergency, I authorize MMI and its designated representatives to obtain emergency medical treatment for me if I am unable to provide consent.

I understand that I am solely responsible for all medical expenses incurred and that MMI does not provide medical insurance unless specifically stated otherwise.

Participant Initials: _____

Knowing and Voluntary Agreement

I certify that:

- I have carefully read this entire agreement.
- I fully understand its contents.
- I understand that this is a legally binding agreement and release of liability.
- I have had the opportunity to ask questions before signing.
- I am signing this agreement voluntarily and of my own free will without coercion or undue influence.

Participant Initials: _____

Participant Information

Participant Name (Print)

Participant Signature

Date

Parent/Guardian Consent (Required if Participant is Under 18 Years of Age)

I certify that I am the parent or legal guardian of the above-named participant. I have read and understand this agreement and consent to the participant's involvement in the mission trip. I agree to the terms of this agreement on behalf of the minor and myself.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

NOTICE OF UNDERSTANDING

• Completion of this application may not necessarily guarantee a place on the respective mission trip.
• Each application will be reviewed by the MMI board.
• It is each applicant's responsibility to secure the necessary finances for their mission trip.
• Please return application to marathonmissions@gmail.com