



2024 Honduras Mission Trip

Mission Trip Guidelines

I realize that the following guidelines are vital to the effectiveness, quality and safety of our short-term mission trip with Zoya Ministries. As a team member, I agree to the following guidelines.

1. I agree to work with Zoya Ministries and its partners.
2. I realize that my commitment is voluntary and I agree to serve the people we plan to minister to.
3. I respect Zoya Ministries view on Christianity. I realize that part of the purpose of this trip is to share the gospel of Jesus Christ.
4. I will develop and maintain an accommodating and cooperative attitude toward the people we work with on our trip and with my teammates.
5. I will support my team leaders and his or her decisions.
6. I will not leave my assigned area of service or separate myself from my assigned group without first obtaining permission from the team leader.
7. I will refrain from gossip and criticism.
8. I will not complain. Participating in a mission trip can present unexpected living conditions and circumstances, but team members are expected to adapt accordingly.
9. I will respect the knowledge, insights and instructions given by organizations, churches or persons with whom we are working with in the mission field.
10. I will refrain from negative political comments and hostile discussions concerning our host country's politics and cultures.
11. I will abstain from any behavior or practice that is not conducive to Zoya Ministries values and beliefs as outlined in their statements of beliefs.
12. I grant Zoya Ministries Inc, irrevocable permission to publish photographs of me taken during the mission trip. These images may be published in any manner, including (but not limited to) calendars, advertisements, periodicals, and greeting cards.

By signing the above, I promise to adhere to the rules outlines in the mission trip guidelines stated above

Signature

Date



2024 Honduras Mission Trip

Zoya Ministries Inc., Risk and Hold Harmless Agreement

Whereby, I (full name) _____ am about to travel with representatives of Zoya Ministries, Inc. for the period of _____ and whereas I am doing so entirely of my own initiative, risk and responsibility now, therefore, in consideration of Zoya Ministries, Inc. accepting me as a constituent trip member and undertaking to arrange all matters of transportation, lodging and other travel details, and of permitting me to assist Zoya Ministries, Inc. with medical mission clinics, I do hereby, for myself, my heirs, executors and assignees, release and forever discharge Zoya Ministries, Inc. and any of its affiliates, or subsidiaries and all of its officers, agents and employees, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of my death, or any injury to me or my personal property, which may occur from any cause, including negligence of any type, during said trip. Therefore, neither Zoya Ministries, Inc. nor its affiliates or subordinates, officers, agents and employees shall be or become liable or responsible for any loss, injury or damage to person, property or otherwise in connection with any accommodations, transportation or other services, resulting directly or indirectly from any acts of God, dangers, incident at sea, fire, breakdown in machinery or equipment, acts of government or other authorities, de jure or de facto, wars, whether declared or not, hostilities, civil disturbances, strikes, riots, thefts, pilferage, epidemics, changes in itinerary or schedules, or for any loss or damage resulting from insufficient or improperly issued passports, visas or other documents or from delay and that neither Zoya Ministries, Inc. nor any of its affiliates or subsidiaries, officers, agents and employees shall be or become liable or responsible for any additional expenses or liability sustained or incurred by the team member as a result of any of the foregoing causes.

Additionally, I acknowledge that the welfare and safety of any and all of my minor children traveling on this trip will be my sole responsibility and at my consent on their behalf that all stipulations and contingencies as stated above are applicable to them as well. Furthermore, I attest and assume sole responsibility, that my spouse and/or any other conservator with legal rights relating to the child(ren) accompanying me on this trip has been informed about the nature and risks pertaining to the trip, and has given his/her explicit consent to allow my child(ren) to participate in this trip. By doing so, my spouse and/or other legal conservator, accepts and consents to personal and equal responsibility for all the stipulated limitations of agency liability as stated above.

By executing this statement, I acknowledge that I have read, understand and accept the above terms

Signature

Date

Parent or Guardian Signature

Date



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Zoya Ministries Inc., Risk and Hold Harmless Agreement

Witness

Relationship to Signor

Address City State Zip



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Parent Authorization

Medical Release Form – (To be filled for team members under 18)

Child's Name: N/A
Date of Birth: _____

I hereby authorize a Zoya Ministries, Inc. representative in charge to give consent for emergency medical care for my child and to transport my child for emergency medical care if my spouse and I cannot be contacted immediately. I request that if needed, my child be evacuated to the nearest medical care facility for diagnosis and treatment.

Date of Last Tetanus Booster: _____
My Child is Allergic to: _____
History of Pertinent Illness/Conditions _____
My child is on the following regular medication(s): _____
For the following condition(s): _____

Physician's Name _____ Phone _____
Address _____ City, State and Zip _____

EMERGENCY CONTACTS

Father _____
Mother _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone _____

Parent Signature _____

THE STATE OF TEXAS COUNTY OF COLLIN

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office on the _____ day of _____, A.D. 201 ____.

Notary Public in and for _____ County, Texas

My commission expires _____.

2024 Honduras Mission Trip

Mrs. Ms. Mr. Dr.

Last Name (as on Passport)		First Name		M.I.	Date of Birth
Passport Number					
Address		Apt. #		Home Phone () Work Phone () Cell Phone ()	
City		State		E-mail address:	
Zip					
U.S. Citizen ?					
Yes <input type="checkbox"/>					
No <input type="checkbox"/>					
Spouse Name:					
Curent Employer:				Job Title:	

In case an emergency should occur please notify:

Name: _____ Relation: _____

Address: _____

Telephone (Day) _____ (Evening) _____

Physician's Name: _____

Address: _____

Telephone (Day) _____ (Evening) _____

Check any of thre following health conditions which apply to you

Heart Disease Low/High Blood Pressure Hypoglycemia Diabetes

Seizures Asthma Allergies (list below) Other

Explanation of Allergies or Other: _____

Do you take prescription medication ona regular basis? Yes No

If yes, please list medication, dosage and frequency: _____
