



# Adult/Family Week Application

(continued)



## Health Information

For Canadian participants:

Home Province \_\_\_\_\_

Health Card Number \_\_\_\_\_

For American participants:

Health Insurance Carrier \_\_\_\_\_

Policy Holder and Number \_\_\_\_\_

Relationship to Policy Holder \_\_\_\_\_

Any significant medical information i.e. allergies, including medication for the week \_\_\_\_\_

## Waiver Agreement

I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of the mission trip. I further authorize the trip sponsor or their representative to obtain any medical treatment for the participant that should appear to be necessary during the mission trip, and I will be responsible for the payment of expenses due to such illness or injury.

Applicant / Legal Guardian (please print) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone

Relationship to Applicant if Legal Guardian \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

Signature Applicant / Legal Guardian (if under age of 21) \_\_\_\_\_

\_\_\_\_\_ Date

## Required Preparation (every adult should answer these questions)

Questions (Please write your answers on a separate sheet and attach to application.)

1. Since giving your life to Christ, how has God been changing you?
2. To what extent have you been involved in the ministry of your local church? What things have you done personally?
3. Have you ever shared Christ with a friend? If so, when?
4. What would you like to see God accomplish in your life through the Great Canadian Adventure?

## Prayer Partners

We are requiring that all Adult participants of the Great Canadian Adventure enlist two people (outside of their immediate family and other trip participants) who will commit to praying for you prior to and during your ministry in Canada. Share your answers to the above questions with your prayer partners so that they may pray for you more effectively.

Name of Prayer Partner 1 \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Prayer Partner 1 \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Prayer Partner 2 \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Prayer Partner 2 \_\_\_\_\_

E-mail Address \_\_\_\_\_