Information and Forms

202 Ivan Church Road—Crawfordville, FL 32327—850/926/4826

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Member Application

When is the trip? June 22—29, 2026
Where are we going? Antigua
Who is our host missionary? Billy & Havilah Roman
Facebook—Antigua 4Jesus

What is the purpose of the trip?
Our ministry team will be working with the students in Antigua: providing a Mega Sports Camp doing soccer, basketball, and volleyball, feeding program, medical clinic and church services.

What is the cost to go? $2200 - $2600 *(estimated)*

What does my trip price cover?
International and domestic airfare, ground transportation, 2 meals a day, lodging, medical insurance, offering for the missionary, and team supplies.

What is the payment schedule?
$100 deposit is due November 9, 2025
$350 is due December 14, 2025
$350 is due January 11, 2026
$350 is due February 8, 2026
$350 is due by March 8, 2026
$350 is due by April 12, 2026
$50 is due by May 10, 2026 (Balance is due at this time)
You can make payments by cash or check in the offering or on the website events page under your profile.

If I am interested in going, what is the next step?
Fill out the application and submit it to the church office with a $100 deposit. Once your deposit and application have been received you will receive an acceptance email with further instructions.

What if I need to back out of the trip?
Once the airline tickets have been purchased, only credit with the airline for a future flight within their time frame will be available. We cannot guarantee a refund for any other expenses once funds have been distributed. However, if your spot can be filled by another person, a refund may be possible.

Do I need a passport?

Yes. If you do not have one, contact your local post office. We will need a copy of the page with your passport number and photo in the office at least one month before the trip.

Team Member Signature Form

Do you carry an epipen? YES _____ NO _____

Do you have a physical condition or illness that would prevent you from participating in any regular or any rigorous activity? YES _____ NO _____ If yes, please explain:

_____

_____

_____

Do you require a special diet? YES _____ NO _____ If yes, please explain: _____

_____

_____

HEALTH INSURANCE INFORMATION

_____ _____

Insurance Company Policy Number

PASSPORT INFORMATION (A copy of your passport is due in the office at least one month before the trip)

_____ _____

Passport Number Date of Issue

_____

Expiration Date

Is your passport issued from another country besides the US? YES _____ NO _____

If so, are there any visa requirements for you to enter another county? YES _____ NO _____

SIGNATURE

_____Signature Date _____

CODE OF CONDUCT

"Let us therefore make every effort to do what leads to peace and to mutual edification." Romans 14:19 NIV As a follower of the Lord Jesus, our conduct should be a witness to others of a transformed life.

Paul wrote to Titus,

> *And show your own self in all respects to be a pattern and a model of good deeds and works, teaching what is unadulterated, showing gravity [having the strictest regard for truth and purity of motive], with dignity and seriousness. And let your instruction be sound and fit and wise and wholesome, vigorous and irrefutable and above censure, so that the opponent may be put to shame, finding nothing discrediting or evil to say about us." (Titus 2:7-8, Amplified Bible, emphasis added)*

As a MAPS team member,

- I realize the important role I serve as an example to those in the United States and abroad. I understand that I represent not only my local church, but also Assemblies of God World Missions, and most importantly, Jesus Christ.
- In respect to this assignment, I will refrain from anything (e.g., alcohol, tobacco, unwholesome speech) that may distract from my Christian testimony, cause division, or demonstrate disrespect to the national church, missionary personnel, my team, or the Assemblies of God.
- I promise to forgo my personal convictions on these subjects in order to maintain unity and to avoid controversy in the body of Christ.
- I affirm that I do not have any criminal convictions or allegations related to sexual misconduct with an adult or minor, nor do I know of any reason I should not be allowed to work with adults or minors as a short-term missions volunteer.

"It is better not to eat meat or drink wine or to do anything else that will cause your brother or sister to fall." (Romans 14:21, NIV).

"Therefore I, the prisoner of the Lord, implore you to walk in a manner worthy of the calling with which you have been called, with all humility and gentleness, with patience, showing tolerance for one another in love, being diligent to preserve the unity of the Spirit in the bond of peace." (Ephesians 4:1-3, NASB).

"You are witnesses, and so is God, of how holy, righteous and blameless we were among you who believed. For you know that we dealt with each of you as a father deals with his own children, encouraging, comforting and urging you to live lives worthy of God, who calls you into his kingdom and glory." (1 Thessalonians 2:10-12, NIV). See also Romans 12:1-2, Titus 2:11-14, John 13:12-17, 1 Corinthians 11:1.

_____ Signature Date_____

Assumption of Risk, Release, Indemnity Aggreement

FOREIGN TRAVEL

It is an honor to have you participate on a trip. We want to acquaint you with the philosophy and expectations of Assemblies of God General Council. We also want to give you the opportunity to fully evaluate the undeniable fact that times of extreme stress and crisis will come that could cause you to question whether or not you would have participated on this trip if you had known all the facts and that unpredictability and unforeseen challenges are inherent in international travel, especially in the midst of the global COVID-19 pandemic. It is impossible to predict, fully prepare you for, or furnish you with all aspects of what you may face. We have, therefore, prepared some basic assumptions that we both must make. Please prayerfully consider the following assumption statement before signing and returning it. Your application cannot be processed without the proper signatures on this form.

_____ _____

Full Legal Name of Participant Email

_____ _____ _____ _____

Home Phone Work Phone Cell Phone Date of Birth

_____ _____ _____ _____

Street Address City State Zip

_____ _____

Destination Dates of Travel

Travelers under the age of 18 do **not** need to complete the section below.

ACE/CHUBB INSURANCE BENEFICIARY DESIGNATION

Benefits payable for loss of life are payable to the first surviving classes of the covered person: spouse; child; parent; sibling; then estate, unless otherwise indicated below.

POLICY NUMBER: ADDN10846419

Beneficiary Information:

_____ _____ _____

First Name Middle Name Last Name

_____ _____ _____ _____

Street Address City State Zip

Relationship to Insured

_____ _____

Traveler's Signature Date

ACTIVITY

Possible activities (collectively, "Activities") include, but are not limited to:

- Community Involvement (Engagement in local activities to provide positive outcomes in the community) Can include volunteering with non-profits, schools, food banks etc.
- Construction (the building or repair of a structure related to the host country) can include volunteer work with building supplies, heavy machinery, electricity, lifting and carrying, climbing and work in elevated surfaces, or any other construction-related Activities.
- Humanitarian (activities that promote human welfare), including but not limited to providing aid in potentially treacherous conditions, regarding cleanliness and safety.
- Education (training or instruction) through formal or informal settings in small- or large-group settings.
- Health care (participation in health or medical-related initiatives), including, but not limited to dental, vision, immunizations, heath assessments, distribution of vitamins/medications.
- Transportation may include any of the following in a public or privately-owned manner: international or domestic air travel, automobile, train, motorcycle, boats, animal, bus, streetcar, manually-operated street vehicle.
- Other Activities not listed above:

IN CONSIDERATION of my acceptance as a volunteer on this trip, in cooperation with The General Council of the Assemblies of God, and other considerations, the sufficiency of which is acknowledged, as the above-named, I represent and agree that:

1. Status. I, for myself, and on behalf of my spouse, children, parents, guardians, heirs, and next of kin, in addition to any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement:

I hereby represent the following: (a) I am in good health and in proper physical condition to participate in any of the Activities described above; and (b) I am not under the influence of any prescription drugs that would in any way impair my ability to safely participate in the Activities. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy to participate in the Activities.

I understand and acknowledge the physical rigors associated with the Activities and realize that they involve prolonged walking in various terrains. I understand that participation involves risks and dangers that include, without limitation, the potential for serious bodily injury, permanent disability, paralysis, and death; accidents in the use of firearms; inaccessibility of medical care; dangers arising from adverse weather conditions; dangerous animals; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the travel leader; and other undefined harm or damage that may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions or the actions or inactions of others participating in the Activities, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in the Activities.

I also accept sole responsibility for my own conduct and actions while participating in the Activities and the condition and adequacy of the equipment I will use.

2. Risks of international travel; U.S. State Department and CDC warnings. I am aware of the hazards and risks to my person and property associated with serving in a volunteer capacity, such hazards and risks including but not being limited to injury; increased stress; accident; disease; inadequate medical services and supplies; death; criminal acts (including terrorism); natural disasters; weather conditions; government action; risks of traveling to or from international destinations; and foreign political, legal, medical, social, and economic conditions. The country or countries to which I will travel may have health and safety standards that differ from those enjoyed in the United States, and I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I have made my own investigation of these risks, understand these risks, and assume them knowingly and willingly. I further recognize that such risks have always been associated with volunteer service.

I also acknowledge that in working, living, and traveling in cities abroad, I may experience problems associated with urban living, including increased crime, pollution, high population density, standards of living, and health standards that are different from those to which I am accustomed in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that The General Council of the Assemblies of God recommends that I never travel alone, particularly at night. Being alone, especially at night, may present additional danger to my safety and well- being.

I understand and agree that if, during my participation in the Activities, the travel leader learns that I am experiencing serious health problems, have suffered an injury, or am otherwise in a situation that raises significant health and safety concerns, then the travel leader may contact the person whose name I have provided as my emergency contact. I understand that the travel leader ordinarily will not initiate such contact without first having a discussion with me.

I acknowledge and confirm that: (a) the risk of contracting COVID-19 and its effects on different people are unpredictable and vary from country to country and sometimes from region to region within individual countries; (b) it is solely my responsibility to make sure I understand and follow all information on the U.S. Department of State website https://travel.state.gov/content/travel.html about the country or countries to which I am traveling, the recommendations of the U.S. Centers for Disease Control https://wwwnc.cdc.gov/travel , any additional information available from the World Health Organization http://www.who.int

U.S. Department of State travel advisories, and other relevant recommendations, restrictions, regulations, guidelines, and other factors and specific conditions applicable in and to the country or countries to which I am traveling; (c) I have independently evaluated the risks involved with my travel and have determined that they are risks with which I am personally comfortable; (d) neither The General Council of the Assemblies of God and its affiliated ministries and any Assemblies of God church and/or district council and any Assemblies of God school, college, or university, and any subsidiaries and affiliates and agents of any of the foregoing (collectively, "The General Council and Affiliated Entities") nor any other person can guarantee, and none of them has represented, that I will not contract COVID-19; (e) I understand the risk of becoming exposed to and infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including but not limited to those of The General Council and Affiliated Entities; and (f) I understand that, after consideration of all the factors referred to above, I have still voluntarily chosen to travel, knowing that even if I take all recommended precautions, I may still contract COVID-19, experience travel disruption, or have other negative consequences to my plans and health.

3. **GENERAL RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION. Knowing the risks described above, I agree, on behalf of my family, heirs, and personal representatives, to assume all the risks and responsibilities surrounding my participation in the above-described Activities, both known and unknown. To the maximum extent allowed by law, I release, hold harmless, and agree to indemnify The General Council and Affiliated Entities (collectively, the "Released Parties") from and against any present or future claims, losses, liabilities, costs, and expenses for injury to person or property, or for any other damage, which I may suffer or for which I may be liable to any other person, related to my participating in said Activities**

(including periods in transit to or from my destinations), resulting from any cause, including but not limited to negligence on my part or on the part of any of the Released Parties; provided that this release of liability shall not apply to gross negligence or willful or wanton misconduct.

4. **Insurance election.** I am aware of the hazards and risks to myself associated with serving in a volunteer capacity. I further understand that The General Council of the Assemblies of God currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

5. Minor children. In the event that I have minor children who will accompany me on my assignment, I take full responsibility for their supervision and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said assignment, from those causes described above.

6. Ransom policy. I understand and accept the following policy regarding ransom payments:

The General Council of the Assemblies of God will not pay ransom or yield to the demands of anyone who takes one of our volunteers or staff hostage. The General Council of the Assemblies of God pledges itself to every effort in prayer and will take all reasonable steps to secure the release of any member held hostage and/or detained. The General Council strongly opposes the payment of any extorted commodities or service and will not pay expenses incurred by captors. The General Council will not permanently concede land or remove global workers from locations as a part of any negotiated settlement with hostage takers. The General Council believes that this approach helps reduce the risk of General Council personnel being targeted for kidnapping and was made after sufficient study of the policies of other agencies and after considering the advice of the U. S. Department of State.

7. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

8. I expressly agree that this Assumption of Risk, Release, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am aged 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the Activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

Invalidation of any one or more of the provisions of the Agreement shall in no way affect any of the other provisions hereof, all of which shall remain in full force and effect.

_____	_____	_____
Signature of Participant	Printed Name of Participant	Date
_____	_____	_____
Signed Signature of Witness	Printed Name of Witness	Date Witnessed

AG Financial Insurance Solutions

Travel Insurance Program

Insured by CHUBB

MISSION ASSURE	Domestic U.S. Travel	Foreign Travel
Administered by	**AG Financial Insurance**	**AG Financial Insurance**
Accidental Death & Dismemberment	$100,000	$100,000
Accident Permanent Total Disability	$100,000 after 365 waiting period	$100,000 after 365 waiting period
Accident Medical Expense Benefit	$50,000 benefit, $0 deductible	N/A
Emergency Medical Expense Benefit (Guarantee of payment)	$10,000	$10,000
Family Coordination/ Emergency Reunion Benefit	N/A	$10,000 maximum benefit covers two family members/$1000 per day/ max number days 5
Out of Country Medical Expense Benefit (Injury & Sickness)	N/A	$100,000 benefit, $0 deductible
Emergency Medical Evacuation	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Repatriation of Mortal Remains	100% of covered expenses (Traveler must be at least 100 miles from primary residence)	100% of covered expenses
Security Evacuation, including natural disaster evacuation	None	$100,000
Foreign General Liability/Auto Liability	None	$2,000,000 per occurrence/ $5,000,000 aggregate $2,000,000 Contingent Auto
Pre-existing Conditions	Treated as any other medical condition	Treated as any other medical condition
War Coverage (AD&D, Medical & Evac)	None	Worldwide

Mission Assure™ Travel Insurance Program is for AG short term mission trips no longer than 365 days.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms and conditions may be different if required by state law. Rev. 3/13/19