

Checklist for Completed Mission Trip Application

Name: Qizhi Liu

Ministry Group: SCKlesis

Date: 4/1/18

- ☐ Fill out completely the entire Application.
- ☐ Email a copy of your Salvation Testimony to jacqui.wang@gpmail.org
- ☐ Include a check for the deposit amount (\$300), made out to Gracepoint Santa Cruz
- ☐ Bring 1 copy of your passport, visa and medical insurance (by 4/1 unless passport renewal/visa application still in progress)

2018 Taiwan Camp Blue Mission Trip Application (GRACEPOINT BERKELEY/SANTA CRUZ)

Full Name: Qizhi Liu

Ministry Group: Klesis SC

Current Year in school: Junior

Date and name/place of trip: 7/5/18-7/19/18 Camp Blue Taiwan

Today's Date: 4/1/18

PERSONAL

1. Mr./Mrs./Miss Qizhi Liu | Qizhi Liu

(first)

(last)

(middle name/initial)

(official name on passport)

2. Current Address 2520 Read Avenue, Belmont CA 94002

(City) (St/Prov) (Zip/Postal Code)

Phone (510) 4088928 Email address jqliu1997@gmail.com

Current until Month _____ Day _____ Year _____

3. Permanent Address (if different from above)

(City)

(St/Prov)

(Zip/Postal Code)

Phone () _____ Email address _____

4. Birth Date: June 28th 1997 | Male

5. Country of Birth: China Country of Citizenship: China

6. Person to receive email updates during the mission trip

Name: Julia Wu Relationship: Mother

Email address lianqun_wu@hotmail.com

7. Person to contact in case of emergency

Name: Julia Wu Relationship: Mother Phone: (510)4088928

TRAVEL

1. Do you now have:

- a Certified Birth Certificate? Not sure/ Yes
- a Current Passport ? Yes, getting renewed right now. Will be done in april

If yes, Passport # On other document, not with me now

Place Issued: China

CHURCH BACKGROUND

1. Name of your Ministry Group : Klesis Santa Cruz

2. How long have you regularly attended this church? 2015 | In element HS prior for 3 years

EXPERIENCE/SKILLS

1. Previous evangelism and/or missions experience:

Cambodia, Minesotta, CMU

1. Previous cross-cultural exposure: China

2. Practical skills (such as construction, technology, painting, CPR certified etc.): Sound, messages

3. Creative skills (such as art, balloon animals, puppets, juggling, magic tricks, music, etc): n/a

TESTIMONY

Please email a copy of your written salvation testimony to jacqui.wang@gmail.org

Release of All Claims, Waiver of Liability, Assumption of Risk and Indemnification Agreement

All the information I have provided in this application is true to the best of my knowledge.

This is to certify that I will not hold Gracepoint Church or any of its affiliated ministries (collectively, "Gracepoint") liable for injury, disease, or delay of return, or any other claims arising out of any trip I participate in under the auspices of Gracepoint.

In consideration of Gracepoint organizing, arranging and permitting me to attend and participate in the event described above and any related activity, I hereby waive all rights which I may now have or which may accrue in the future against Gracepoint its respective chapters, directors, officers, employees, agents and members (collectively "Gracepoint Representatives"), and I hereby release and discharge Gracepoint and the Gracepoint Representatives from all liability, and agree to indemnify and hold Gracepoint and the Gracepoint Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, successors, administrators and assignees, now have or hereafter may have resulting from or arising in connection with my travel to, attendance at or participation in the Gracepoint event or any related activity.

I acknowledge certain legal rights against Gracepoint and the Gracepoint Representatives may be available now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, I am forever relinquishing those rights against Gracepoint and the Gracepoint Representatives. I acknowledge that no promises, representations, or affirmations of fact were made to me by Gracepoint and the Gracepoint Representatives concerning the safety of the event or related activity, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity or outing related to, or connected in any way to the event.

I affirm that I have read and understand the foregoing provisions of this Release of All Claims, Waiver of Liability, Assumption of Risk and Indemnification Agreement and I accept its terms as a condition to my attendance at that event.

I understand that while on site I am acting as a representative of Gracepoint, and I agree to conduct myself in a manner consistent with Gracepoint doctrine/practice and the Mission Trip Covenant.

Should my actions warrant and/or if I violate the Mission Trip Covenant, the leader of the trip, has the authority and discretion to arrange for my immediate transportation back home. In the event of such a situation, I am responsible to pay my airfare and will not receive reimbursement for any travel or trip expenses.

Personal Travel after the Mission Trip: Travel Dates: 7/6/18/ - 7/17/18

Gracepoint Summer Project will officially end at the _____ International Airport (airport you are separating from the rest of the team). At the airport, _____ (parent's name) will assume full liability of his or her child _____ (student's name) as the parent requests the student to leave the Gracepoint mission team to visit home, family, friends, etc. The parent shall indemnify, hold free and harmless, assume liability for, and defend the Gracepoint Church and its affiliate corporations, its agents, servants, employees, officers and /or directors from any other sums or liability, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the student's personal travel from the airport.

Full Name: Qizhi Liu

Signature: _____ Date: _____

Please return this form to the Team Leader

For Minors: Release of All Claims, Waiver of Liability, Assumption of Risk and Indemnification Agreement

Name of Minor: _____

Name of Parent or Guardian: _____

I am the parent or legal guardian of the above named Minor and I have been informed of the trip sponsored by Gracepoint Church or any of its affiliated ministries [collectively "Gracepoint"] and I hereby give my consent for my minor child to participate in this activity. In consideration of Gracepoint organizing, arranging and permitting my child to attend and participate in the event described above and any related activity, on behalf of said minor, I hereby waive all rights which I may now have or which may accrue in the future against Gracepoint its respective chapters, directors, officers, employees, agents and members (collectively "Gracepoint representatives"), and I hereby release and discharge Gracepoint and the Gracepoint Representatives from all liability, and agree to indemnify and hold Gracepoint and the Gracepoint Representatives harmless from and against all liability for any and all actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages and judgments (collectively the "Losses and Claims"), which I, my minor child, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees, now have or hereafter may have resulting from or arising in connection with my child's travel to, attendance at or participation in the Gracepoint event or any related activity.

On behalf of my minor child, I acknowledge certain legal rights against Gracepoint and the Gracepoint Representatives may be available now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against Gracepoint and the Gracepoint Representatives on behalf of our minor child. I acknowledge that no promises, representations, or affirmations of fact were made to me by Gracepoint and the Gracepoint Representatives concerning the safety of the event or related activity, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity or outing related to, or connected in any way to the event.

Should his/her actions warrant and/or if he/she violates the Mission Trip Covenant, the leader of the trip, has the authority and discretion to arrange for his/her immediate transportation to North America. In the event of such a situation, I, as the parent or guardian am responsible to pay for airfare and will not receive reimbursement for any travel or trip expenses.

I affirm that I have read and understand the foregoing provisions of this Release of All Claims, Waiver of Liability, Assumption of Risk and Indemnification Agreement and on behalf of my minor child, I accept its terms as a condition to my minor child's attendance at this event.

Personal Travel after the Mission Trip: Travel Dates: ____/____/____ - ____/____/____

Gracepoint Summer Project will officially end at end at the _____ International Airport (airport you are separating from the rest of the team). At the airport, _____ (parent's name) will assume full liability of his or her child _____ (student's name) as the parent requests the student to leave the Gracepoint mission team to visit home, family, friends, etc. The parent shall indemnify, hold free and harmless, assume liability for, and defend the Gracepoint Church and it's affiliate corporations, its agents, servants, employees, officers and /or directors from any other sums or liability, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the student's personal travel from the airport.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ **Date** _____

HEALTH INFORMATION FORM

The information on this form is protected health information, as identified by the Health Insurance Portability Accountability Act (US). Submit the completed form with your application to the team leader(s). These people will keep this information confidential and will destroy this document after the trip.

Applicants may choose to leave some items blank.

Name Liu Qizhi 6/28/97
 Last First Middle Month / Day / Year

Address 2520 Read Avenue, Belmont CA, 94002
 Street City State/Province Zip/Postal Code

Insurance Company: UCSHIP Phone: 8669408306

Insurance Company Address _____
 Street City State/Province Zip/Postal Code

Group/Policy # 275958M171 ID # XDP801292182

Height: 5,5 Weight: 110 Blood Pressure: _____/_____ Type _____ Sex: M

Physician's Name: _____ Office Phone: (____) _____

In Case of Emergency, notify:

 Name Relationship

 Address City State/Prov. Zip/Postal Code

(____) _____
 Phone

1. Have you had a serious illness, had surgery performed or been hospitalized in the last year? **No**

2. Do you have any known allergies? ☐ Bee Stings ☐ Penicillin ☐ Sulfa Medication ☐ Other

If yes, please indicate: _____

3. Do you have any dietary restrictions, food allergies or convictions regarding types of food? **No**

If you marked "other", please indicate: _____

4. Are you currently using any medications? (include prescription and non-prescription drugs, dietary supplements, herbs, etc.) **No**

If you marked "yes," please indicate:

5. Will you have these medications with you on the trip? **No**
6. Are you currently receiving medical treatment or under medical observation for anything? **No**
7. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.) **No**
8. Do you have any other limitations or significant health conditions which may affect your involvement with (church name) _____ or which you believe your physician would want us to know about? **No**
9. To the best of your knowledge do you have any communicable disease? **No**
10. Do you have any chest, back or joint pain? **No**

NOTE: If you check "yes" to any of the above, please explain briefly on the back of this sheet.

IMMUNIZATIONS:

If known, list the date of your most recent immunization for the following: _____ Hepatitis A
 _____ Tetanus _____ Hepatitis B

EMERGENCY MEDICAL PERMISSION:

This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, every effort will be made immediately to reach the person to contact listed on the application.

In the event that an emergency arises, I give Gracepoint permission to authorize anesthesia, surgery and/or procedures deemed absolutely necessary at the time.

Qizhi Liu 4/1/18
NAME OF APPLICANT (Please print!) **DATE**

SIGNATURE OF APPLICANT **DATE**

NOTE: Parent or Legal Guardian's signature is required if you are single and under 19 and reside in AL, NE, WY or under 21 and reside in CO, MS, WV, PA, PR.

PARENT OR LEGAL GUARDIAN **RELATIONSHIP**

Please return this form to the Team Leader