

GCCI EM MEXICO MISSION 2026 REGISTRATION FORM

Participant & Guardian Information

Participant Name (First, Middle, Last): _____ Date of Birth: ____/____/____

Address: _____
(Street) (City) (State) (Zip Code)

Parent 1 Name*: _____ Cell Phone: (____) - ____ - ____ E-Mail: _____

Parent 2 Name*: _____ Cell Phone: (____) - ____ - ____ E-Mail: _____

Emergency Contact Name: _____ Relationship: _____

Daytime Phone: (____) - ____ - ____ Alternate Phone: (____) - ____ - ____ E-Mail: _____

*Parent information needed ONLY if participant will be under 18 during the trip.

Citizenship & Passport Information

Are you a U.S. Citizen? **YES** **NO** If no, are you a Greencard holder? **YES** **NO** If no, do you have a Student Visa (I-20)? **YES** **NO**

Passport No.: _____ Issuing Country: _____ Expiration Date: ____/____/____

Health Insurance Information

Insurance Company: _____ Phone Number: (____) - ____ - ____

Insurance ID Number: _____ Group Number: _____ Doctor Name: _____

Clinic Name (If Applicable): _____ Doctor Phone: (____) - ____ - ____

Medical and Allergy Information

Existing Medical Conditions (Asthma, Diabetes, Chronic Illnesses etc.)

Allergies

Medications and Relevant Dosages

By filling out and submitting this form, I acknowledge that it is not the responsibility of **Great Commission Church International** to cover any medical expenses that may be incurred by my participation in this event. By signing below, you agree to be financially responsible for any and all expenses for medications, medical services, and/or procedures which may result from your participation in this event.

Participant Name (First & Last)

Date

Participant Signature

Parent / Legal Guardian (Signature) (If Participant Under 18)

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION of the risk of injury while participating in **Mexico Mission Trip 2026 @ Tijuana, Mexico (the "Activity")**, and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Great Commission Church International, located at 16152 Gale Ave, Hacienda Heights, California 91745, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical, or emotional loss, that I may suffer as a direct or indirect result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I. I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

II. I agree to indemnify and hold harmless Great Commission Church International against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Great Commission Church International incurs any of these types of expenses, I agree to reimburse Great Commission Church International.

III. I acknowledge that Great Commission Church International and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Great Commission Church International.

IV. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Great Commission Church International AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Great Commission Church International FOR PERSONAL INJURY OR PROPERTY DAMAGE.

V. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Great Commission Church International, its agents, and employees.

VI. In the event that I should require medical care or treatment, I hereby give a representative from Great Commission Church International permission to act on my behalf to secure any hospitalization or medical services deemed necessary and appropriate. Great Commission Church International has my permission to obtain emergency treatment at the expense of myself and/or my insurance company. I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

VII. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant and Great Commission Church International agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted altering or explaining the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into. In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

Participant Name (First & Last)

Date

Participant Signature

Parent / Legal Guardian (Signature) (If Participant Under 18)

EVENT PAYMENT FORM

Participant and Payment Information

Participant Name (First, Last): _____ Payment Amount: \$ _____.

Payment Instructions

- The payment needs to be received by a staff member before **SUNDAY, JUNE 14, 2026**
- The payment needs to be either in cash or check payable to **GCCI**
- The amount listed above is the total amount you will need to pay in order to attend the event listed below

By signing below, I acknowledge that I have read the information and promise to pay the amount mentioned above by **SUNDAY, JUNE 14, 2026**.

Parent / Legal Guardian Signature

Parent / Legal Guardian Name (Print)

Staff: Upon receiving payment, detach bottom portion and keep with payment. Top portion is a receipt for the payee.

FOR STAFF USE ONLY

Event Name: **GCCI Mexico Mission Trip 2026** _____ Event Dates: 07/22/2026 (Wednesday) – 07/26/2026 (Sunday)

Participant Name (First, Last): _____

Payment Amount: \$ _____, _____ Payment Type: Cash Check # _____

Payment Received By: _____ Signature: _____ Date: ____/____/____