



Cherokee Cultural Exploration Ministry Trip Application May 17-21, 2023

Sponsored by the Mission and Outreach Ministry Council

Must be 18 years old.

Register online at www.naccc.org

or

Return this application with \$175.00 by **March 15, 2023**.

Make checks payable to NACCC ("Cherokee Trip" in memo line)

Mail to P.O. Box 288, Oak Creek, WI 53154-0288

Participant's Personal Information

Participant's Legal Name _____ M F

Preferred Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Primary Phone _____ Secondary Phone _____ Text? Yes No

Church Membership* _____

*Priority given to members of NACCC congregations.

A background check is required for this trip.

If you have a background check current within the last year, please send it to jrobie@naccc.org.

Background checks for volunteers and drivers are available through the NACCC at www.naccc.org/background-checks. Contact Laura Wright lwright@naccc.org, 1.414.764.1620 X 1614 if you have questions or concerns.

Health Information

Please consult with your healthcare professional about any medical conditions which might impact your ability to participate in this trip.

List food allergies, environmental allergies, or physical restrictions: _____

In Case of an Emergency, please notify:

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Email _____ Text Y N

Health Care Release

In case of an emergency, I hereby give permission to the physician selected by a designated representative of the National Association of Congregational Christian Churches (NACCC) to hospitalize and secure proper treatment, and order injection, anesthesia, or surgery.

I, therefore, agree to assume any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the NACCC from any and all disabilities, claims, demands, and causes of action whatsoever which may arise due to my participation.

I realize, also, that in the event of illness or injury while participating in these activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

Participant signature _____

Photograph & Video Release

I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

Authorization

I have read and understand the information sheet for the Cherokee Cultural Exploration Ministry Trip.

Participant signature _____