



THE CAVE OF ADULLAM

Short term Outreach

Short term Outreach Group Application

General Information

Thank you for being interested in our Short term Outreach.
To have a little better overview, we would like for you to fill out this application
and send it back via email to **adullamscave@gmail.com**.

Please fill out this form completely.
Do not forget to write down the specific outreach dates
for which you are applying. Thank you for your interest and help.

GROUP INFORMATION

Group Name

Country

Group Leader's Name

Group Home Address

Contact Email address

Denomination

EMERGENCY CONTACT

Emergency Contact

Emergency Phone number

TRANSLATION

Spanish Translator

YES	NO
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If Yes, how many

FLIGHT INFORMATION

Arrival Date

Departure Date

Arrival Time

Departure Time

Airline / Flight number

Airline / Flight number

Short term Outreach Group Application

General Group Information

If your group size increases or decreases in sizes, you must clear any changes in advance with us.

Group Name

Group Leader's Name

Arrival Date _____

Group Size

Short term Outreach Group Application

Personal Information Group Members +18

First Name	Last Name	
Arrival Date	Length of Stay	
Marital Status	Date of Birth	Gender <input type="checkbox"/> F <input checked="" type="checkbox"/> M
Phone Number		
E mail Address		
Cell Phone Number		
Home Adress		
.....		
Country of Birth		
Country of Citizenship		
Emergency Contact		
Emergency Phone number		

Waiver and Release of Liability

In consideration of "The Cave of Adullam, Costa Rica, organizing, arranging and permitting me to attend and participate in the event, I hereby waive all rights which I may have now or which may accrue in the future against The Cave of Adullam, its respective chapters, directors, officers, employees, and members and I hereby release and discharge The Cave of Adullam and the Cave of Adullam Representatives from, and agree to indemnify and hold actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments (collectively called "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my travel to, attendance at or participation in The Cave of Adullam events. I acknowledge that certain legal rights against The Cave of Adullam or the Cave of Adullam Representatives may available to me now or in the future as a result of Losses or Claims, and that executing this waiver and release of liability, my spouse and ever relinquishing those rights against The Cave of Adullam and the Cave of Adullam Representatives. I acknowledge that no promises, representations, or affirmation of fact were made to me by The Cave of Adullam or the Cave of Adullam Representatives concerning to safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to my attendance at the event.

Acceptance of Release of Liability

I have read the above waiver and release of liability and agree to its provisions.

Date

Signature

Short term Outreach Group Application

Personal Information Group Members -18

First Name

Last Name

Arrival Date

Length of Stay

Marital Status

Date of Birth

Gender **F** **M**

Phone Number

Cell Phone Number

E mail Address

Home Adress

Country of Birth

Country of Citizenship

Emergency Contact

Emergency Phone number

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Acceptance of Release of Liability

I give permission for my son/daughter to attend the above The Cave of Adullam function. In addition, I give permission for my son/daughter to travel to Costa Rica. I have read the above waiver, release of liability, and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by a physician.

Date

Signature

Relationship to Minor

Liability Disclaimer for Short term Outreaches

The Cave of Adullam and/or Juan Carlos Sanchez does not provide liability insurance for the protection of individuals, groups, organizations, businesses, spectators, or others who may participate in the Internship Program. In consideration for your participation in said Internship Program, the individual, group, organization, business, spectator, or other, does hereby release and forever discharge The Cave of Adullam and/or Juan Carlos Sanchez and its officers, board, employees and family, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Internship Program. This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify the The Cave of Adullam and/or Juan Carlos Sanchez and its officers, board, employees and family, joint and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in the Internship Program. It is further understood and agreed that said participation in the Internship Program is not to be construed as an admission of any liability and acceptance of assumption of responsibility by The Cave of Adullam and/or Juan Carlos Sanchez, its officers, board, employees and family, jointly and severally, for all damages and expenses for which the The Cave of Adullam and/or Juan Carlos Sanchez, its officers, board, employees and family, become liable as a result of any alleged act of the parade participant.

Name of Organization: **The Cave of Adullam and/ or Juan Carlos Sanchez**

Name of Individual Responsible (Print)

Phone Number Home Adress

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Date Signature

All participants must complete this Liability Disclaimer to be eligible to participate in the Internship Program.

Return completed form with Entry Form to
adullamscave@gmail.com or Apartado 5, Barva de Heredia, Costa Rica, Central America 402001