

# CUBA OUTREACH MINISTRY

Dates of Trip to Cuba: beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_ ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

*(Note: your passport should be valid for at least six months beyond the return date of the trip.)*

Name as it appears on passport:

\_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Home Address: (street, city, province, postal code)

\_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Home Church/City/Denomination:

\_\_\_\_\_

Passport #: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Place of Birth: \_\_\_\_\_

Date of Issue: \_\_/\_\_/\_\_ Date of expiration: \_\_/\_\_/\_\_ Place of Issue: \_\_\_\_\_

## EMERGENCY CONTACT: Name:

\_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evening Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

## CONFIDENTIAL MEDICAL INFORMATION FOR C O M USE ONLY:

- Do you have physical/emotional health issues C O M should know about if you travel with us?
- In case of a health emergency, please list prescription medications you are taking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CUBA OUTREACH MINISTRY

Applicant's Name \_\_\_\_\_ *Application, page 2*

Do you snore heavily or are you a light sleeper? (You are likely to have a roommate, and this info helps us to make appropriate pairings.)

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Do you have any dietary restrictions? If so, what will you need to do to provide for your needs?

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How did you hear about this trip?

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Please describe your current or recent employment and/or volunteer activities.

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How are you involved in the life of your church?

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Have you gone on short-term mission trips before? If so, to where? When? With whom?

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Do you speak any foreign languages? (Please list them)

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Cuba Outreach Ministry (COM) trips are designed to build support for and connection to God's work in Cuba.

Applicant's Name \_\_\_\_\_ *Application, page 3*

# CUBA OUTREACH MINISTRY

## WAIVER OF LIABILITY & EMERGENCY AUTHORIZATION

I am participating in Cuba Outreach Ministry mission trip on \_\_\_\_\_ to \_\_\_\_\_  
(dates)

of my own free will and understand that I should not participate unless I am physically and medically able. In consideration of Cuba Outreach Ministry allowing me to participate, I assume full and complete responsibility for any injury, accident or illness that may occur while I am traveling to or from London Ontario Canada (departure city) and during my travel to Santa Clara Villa Clara and surrounding area of Cuba (destinations).

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed, practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

I understand that any expenses that are incurred by me due to accident or illness are my responsibility and not the responsibility of Cuba Outreach Ministry. I also am aware of and assume all risks associated with participating in this mission trip. I, for myself and my heirs and executors, hereby waive, release and forever discharge, Cuba Outreach Ministry its trustees and staff, its agents, representatives, successors and assigns, and all other persons associated with the mission trip, for any and all liabilities, claims, actions, damages, costs and/or expenses that I may have against them arising out of or in any way connected with my participation in this mission trip. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

Signature \_\_\_\_\_

Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

***Please return to:***

***Walter Jakimczuk***

***244 County Lane***

***Strathroy Ontario***

***N7G 3J7***

**PLEASE READ CAREFULLY BEFORE APPLYING TO TRAVEL**

## CUBA OUTREACH MINISTRY

**Passports & Visas** Individuals participating in a Cuba Outreach Ministry (COM) trip may be required to have a Religious Visa for entry into Cuba. The time needed to acquire a Religious Visa can take up to 3 months. Failure to obtain a Religious Visa may not exclude you from travelling but will limit the nature of your activities while you are there.

**Credit cards** The additional costs incurred will be determined by the nature of usage and not the responsibility of COM.

**Personal side trips** Individuals planning personal travel in conjunction with a COM trip are responsible for coordination and payment regarding all travel plans (airfare and ground itinerary) for the personal portion of the trip. In addition; any expenses, travel delays, or other unexpected occurrences that arise during a personal portion of a trip are not the responsibility of COM.

**Insurance** Individuals participating in COM trips must have medical insurance that provides adequate coverage while they are traveling. Participants should review the provisions of their own policy and contact their insurer to determine whether or not they should obtain additional personal coverage for the duration of the trip. Uncovered expenses that are incurred by trip participants due to accident or illness – including medical costs, airline change fees, and medical evacuation – are the responsibility of the participant, not COM. COM does not provide trip cancellation or other travel insurance coverage, and travelers should decide for themselves if they wish to obtain such coverage.

**Inoculations and Medications:** COM may venture into areas of Cuba posing special health risks. Trip participants should review the travel health advisories on the Centers for Disease Control and World Health Organization websites and should consult with their own physicians or an international travel clinic to make informed decisions about inoculations and medications. COM does not offer medical advice. Participants shall notify COM of medical conditions and prescriptions that they are taking to ensure the availability of that information in case of a medical emergency.

**Deductibility:** In accordance to Canadian Revenue Agency (CRA) Statutes and Regulations.

**Payment schedule:** Yet to be determined given to the level of participation and conditions agreed upon during the planning stage. Therefore, Subject to change.

To apply to travel with Cuba Outreach Ministry (COM), please return the following items to the address below:

- 1) A completed Application (pages 1-3), including Waiver of Liability form
- 2) A copy of the photo/information page from your passport
- 3) A non-refundable deposit (yet to be determined that will be returned if we are unable to approve your application)
- 4) A copy of your out of country insurance.

**Cuba Outreach Ministry c/o Walter Jakimczuk 244 County Lane Strathroy ON N7G 3J7**