



## iGo Trip Policies and Procedures

**PLEASE READ CAREFULLY AND SIGN**

### Code of Conduct

As a student on an iGo Global team, you will represent our organization, your church, and Jesus not only while you are overseas, but also while you prepare and after you return home. We desire to see you walk with God and with His people on a consistent basis as you live on mission with Him. By signing the bottom of this form, you acknowledge that **iGo Global can remove you from your team anytime** before or during the overseas trip for failing to live up to team expectations as determined by iGo Global. Your signature also affirms your intention to abide by the following code of conduct statement:

Understanding that it is God's divine power that gives us everything we need for life and Godliness (2 Peter 1:3), my desire is to live a life worthy of the calling I have received (Ephesians 4:1). I also agree to obey my leaders and submit to their authority (Hebrews 13:17).

### Physical Condition

iGo adventures are physically demanding trips. iGo trips typically involve long days and lots of walking. iGo has adopted a similar guide to the one that the IMB uses for qualifying its participants for missions travel. The target for all of our trip participants is to have a Body Mass Index (BMI) no greater than **30** for adults and **32** for teenagers. Calculate your BMI by visiting the CDC website link - <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx> Please follow the instructions on the CDC website and refer to your family doctor regarding health solutions NOW, so that you are better prepared for your trip next summer.

If you have any medical condition that might affect your ability to physically endure this trip, OR if any medical condition arises before your trip, please consult your physician and make our office aware of the situation as soon as possible. If your current BMI is not at or below the target for an iGo trip, we will follow up with you in January as to your progress and your health provider's instructions regarding this trip.

Your signature affirms your intention to ensure you are physically prepared and healthy enough to engage this adventure and that you acknowledge that **iGo Global may remove you from your team at any point** before your trip if you fail to meet the health requirements of either iGo or your doctor.

### Financial Policy

You will be sent a payment schedule for your trip. If your scheduled payment is not received in our office ON OR BEFORE the due date, we cannot guarantee that you will retain your spot on the team.

In order to remain in compliance with tax laws and our non-profit status once your payment is sent to the iGo Global office, iGo CANNOT, FOR ANY REASON, SEND MONEY BACK TO YOU. Even if you have made your final payment and have to remove yourself from this team, iGo cannot refund any portion of your trip. iGo reserves the right to transfer your funds to another student on your team or from your church. iGo cannot guarantee that we can transfer funds per your request.

By signing this form, you acknowledge that you understand and that you will comply with the **Conduct, Physical Health, and Financial** policies of iGo Global.

\_\_\_\_\_  
Date                      Print name of participant                      Signature of participant

If the participant is a minor (under the age of 18):

\_\_\_\_\_  
Date                      Print name of Parent or Guardian                      Signature of Parent or Guardian



# EMERGENCY CONTACT FORM

Your name \_\_\_\_\_

Name of US Emergency Contact \_\_\_\_\_

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

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address (personal) \_\_\_\_\_

Name of 2<sup>nd</sup> US Emergency Contact \_\_\_\_\_

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

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address (personal) \_\_\_\_\_





## iWitness Mission Team Medical Release Form

Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

List any allergies and/or medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Address if different from above \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Other person to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ has my permission to participate on the  
iWitness Mission trip. I give iWitness Ministries and its representatives permission to see that  
my child receives any medical help he/she may need while on this trip.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if over 18 years old)