

THE LIVING WAY CHURCH

30 Maxwell Road, Singapore 069114. O: 6223 8614 F: 6223 8615
church@thelivingway.org.sg www.thelivingway.org.sg

Maximized Impact Team Application Form

TRIP DETAILS

Destination: _____ Dates: From _____ To _____

PERSONAL PARTICULARS

Name: _____ Name As Per Passport: _____

Home Phone: _____ Hand Phone: _____ Email: _____

Passport Number: _____ Expiry Date: _____ Place of Issue: _____

CONSENT TO LIABILITY RELEASE

I hereby release, waive and discharge The Living Way Church from all liabilities whatsoever arising out of any death or personal injuries or damages or losses to properties of whatever nature and extent which may be sustained by me in the course of my participation. I am fully aware of the risks and other hazards inherent in the trip and voluntarily assume all risks of loss, damage, or injury of whatever nature and extent that may be sustained by me while participating.

I fully understand that it is my personal responsibility to arrange for the necessary traveling insurance coverage.

Signature of Applicant

Name: _____

NRIC/Passport: _____

Date: _____

Signature of Care Leader

Name: _____

NRIC/Passport: _____

Date: _____

Signature of Parent/Guardian

Name: _____

NRIC/Passport: _____

Date: _____

(For applicant under 18 years old)

FOR OFFICIAL USE ONLY

Application Approved: Yes / No

Reason: _____

Signature of Missions Overseer

Name: _____

Date: _____

Signature of Senior Pastor

Name: _____

Date: _____