



## Trip Registration Form

Information on this form is confidential, and will only be used for facilitating Bend 2 Baja 2 Build trips.

### Part 1. PERSONAL INFORMATION

LAST NAME		IF YOU ARE COMING ON THIS TRIP AS PART OF A GROUP, LIST OTHER NAMES HERE:			
<b>1</b>	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY	T-SHIRT SIZE	
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			HOW DID YOU HEAR ABOUT US?		
STREET ADDRESS			CITY	STATE	ZIP
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		SECONDARY EMAIL ADDRESS	
E-MAIL ADDRESS		RELEASE CONSENT: I give permission to list my address and contact info in a directory available <u>only</u> to participants.			<input type="checkbox"/> YES <input type="checkbox"/> NO

### EMERGENCY CONTACT INFORMATION

FULL NAME			RELATIONSHIP		
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	E-MAIL ADDRESS (For emergency contact while on the trip ONLY)			
FULL NAME			RELATIONSHIP		
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	E-MAIL ADDRESS (For emergency contact while on the trip ONLY)			

### Part 2. TRAVEL ITINERARY

**NOTE:** YOU ARE RESPONSIBLE FOR YOUR TRAVEL ARRANGEMENTS TO MEXICO. WE MEET IN EL CAJON, CA AND CROSS THE BORDER TOGETHER. YOUR FLIGHT **TO** SAN DIEGO SHOULD **ARRIVE BEFORE 2:00 P.M.** ON SUNDAY, THE FIRST DAY OF THE TRIP. YOUR FLIGHT **FROM** SAN DIEGO SHOULD **DEPART AFTER 4:00 P.M.** ON THURSDAY, THE LAST DAY OF THE TRIP.

PLEASE LET US KNOW HOW YOU ARE TRAVELING TO THE SAN DIEGO AREA:

**FLYING** - My itinerary is below. I will rent a vehicle, and meet the group in El Cajon.  
 **DRIVING**

ARE YOU FLYING IN TO SAN DIEGO? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARRIVAL AIRLINE	ARRIVAL FLIGHT #	ARRIVAL DATE	ARRIVAL TIME
ARE YOU FLYING OUT OF SAN DIEGO? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTURE AIRLINE	DEPARTURE FLIGHT #	DEPARTURE DATE	DEPARTURE TIME

YOUR **LAST** DEPARTURE AIRPORT (AIRPORT YOU LAST LEAVE IF ON A MULTI-HOP FLIGHT) BEFORE LANDING IN SAN DIEGO IS :

### Part 3. SPOUSE AND CHILDREN ACCOMPANYING YOU ON TRIP

LIST YOUR SPOUSE AND CHILDREN UNDER 18 YEARS OF AGE ACCOMPANYING YOU ON THE TRIP HERE. CHILDREN 18 YEARS OF AGE OR OLDER WILL NEED TO COMPLETE AND SIGN THEIR OWN SEPARATE APPLICATION FORM.

2	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY		T-SHIRT SIZE
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			PHONE OR EMAIL		

3	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY		T-SHIRT SIZE
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			PHONE OR EMAIL		

4	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY		T-SHIRT SIZE
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			PHONE OR EMAIL		

5	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY		T-SHIRT SIZE
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			PHONE OR EMAIL		

6	FIRST NAME (WE WILL REFER TO YOU AS...)	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE	CITIZEN OF	IS THIS YOUR FIRST TRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CONSTRUCTION EXPERIENCE	MEDICAL EXPERTISE (MD, RN, 1 <sup>ST</sup> AID)	SPANISH PROFICIENCY		T-SHIRT SIZE
FOOD AND OTHER ALLERGIES, PHYSICAL DISABILITIES			PHONE OR EMAIL		

### Part 4. HEALTHCARE INFORMATION

DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IMPORTANT:</b> BEND 2 BAJA 2 BUILD CARRIES NO INSURANCE. IF YOU HAVE NO MEDICAL INSURANCE, WE INSIST THAT YOU PURCHASE A TEMPORARY POLICY FOR THE DURATION OF THE TRIP. AN INTERNET LINK ON OUR WEBSITE UNDER "RESOURCES" LISTS A COMPANY THAT PROVIDES AFFORDABLE SHORT TERM MEDICAL INSURANCE. THE INFORMATION COLLECTED BELOW WILL BE NEEDED IN THE UNLIKELY EVENT THAT MEDICAL SERVICES ARE REQUIRED WHILE YOU ARE ON THE TRIP.	
YOUR FULL LEGAL NAME (AS LISTED ON YOUR HEALTH INSURANCE POLICY)	POLICY / GROUP NUMBER	
INSURANCE PLAN NAME OR PROGRAM NAME	MEMBER NUMBER	
INSURED'S FULL LEGAL NAME <input type="checkbox"/> SAME AS FULL LEGAL NAME ABOVE	PLAN'S PHONE NUMBERS	

**Part 5. TRIP AGREEMENT AND WAIVER OF LIABILITY (MUST BE SIGNED BY ALL ADULTS)**

Please read and understand this agreement in its entirety. Questions? Concerns? Contact us at [www.bend2baja2build.org](http://www.bend2baja2build.org).

THE UNDERSIGNED, desiring to participate in the activities, programs and ministries promoted and/or facilitated by or through: BEND 2 BAJA 2 BUILD, Bend, OR. and/or any of the officers, trustees, board of directors, agents, leaders, attorneys, representatives, hosts and other employees, partners, or affiliates of the aforementioned organizations (hereinafter referred to as "THE ORGANIZERS") hereby agrees to the following:

1. I acknowledge that I will be traveling out of the United States of America, and that there are risks inherent in my participating in this event including but not limited to: injury, illness, disease or death resulting from forces of nature, falling, flying, acts of terrorism, equipment failure, incorrect decisions, and other event(s), whether in or out of my control.
2. I understand that there are poor sanitation conditions in Mexico, and it is not unlikely that at some point I may contract food poisoning and/or some type of stomach illness. In the event of a medical emergency, I authorize THE ORGANIZERS to make necessary medical decisions regarding my treatment if I am unable to do so.
3. I acknowledge that the trip and house building project will be strenuous. I understand that I must inform THE ORGANIZERS, via this registration form, of any existing medical, physical, mental or psychological conditions including, but not limited to asthma, epilepsy, diabetes, injuries, etc... and medications or prescriptions that are needed for treatment of these conditions.
4. I understand that I owe BEND 2 BAJA 2 BUILD the registration fees itemized under **Part 6**, on **Page 4** of this application. This amount is due in full when the registration application is submitted. I also understand that there will be minor expenses incurred for meals (including, but not limited to Thursday lunch) that are not covered by the registration fees.
5. I understand that any tools I use while on this trip I use at my own risk, and neither BEND 2 BAJA 2 BUILD nor any of the THE ORGANIZERS are liable for any damage or injury resulting from the use of any equipment.
6. I understand that BEND 2 BAJA 2 BUILD is a Christ-centered ministry, and is open to anyone with a good attitude. To respect each other, and honor God, I agree to not be involved in any way with drug or alcohol abuse or unacceptable sexual behavior. I will dress appropriately with regard to local customs and standards. I will not consume alcoholic drinks or smoke where we stay overnight, or at the construction site during the day. I agree that if I break any of these rules, or act in a manner which, in THE ORGANIZERS sole discretion, subjects any participant, leader or host to any risk of harm or disrespect, I will be asked to leave due to my 'bad attitude'. I understand that I will only be taken as far as the U.S border, where I will have to take public transportation back to SanDiego.
7. I hereby grant BEND 2 BAJA 2 BUILD the right to use and publish photographs of me, or of which I may be included, that were taken while on this trip.
8. I hereby agree to assume any and all liability for my acts or missions in the course of activity in which I will participate in, and further relieve THE ORGANIZERS of and from any and all liability for injuries including, but not limited to physical, emotional and psychological injuries, damage to reputation, costs for medical bills, lost wages and other special and general damages occurring inside or outside the Continental United States, and agree to indemnify and hold BEND 2 BAJA 2 BUILD and any of the officers, trustees, board of directors, agents and any and all other persons associated with or operating through THE ORGANIZERS harmless for any damages or injuries which may be caused by me in the course of participation in any activities organized, sponsored, promoted or participated in by THE ORGANIZERS inside or outside of the Continental United States. I release THE ORGANIZERS from, and agree not to sue THE ORGANIZERS for any physical or property damage or personal injury that I may suffer for any reason, including, but not limited to acts of God, war, strikes, government restrictions, terrorist activities, or the negligent or intentional acts or omissions of any person(s) or entity(ies), including, without limitation, airlines, bus companies, shipping companies, places of accommodation, guides, leaders, or any of THE ORGANIZERS. I understand that these waivers and releases herein cover each and every member of my family, and that my agreement in these waivers and releases is a precondition to my participation in activities sponsored, promoted or participated in by BEND 2 BAJA 2 BUILD.

BY SIGNING MY NAME, I RECOGNIZE THAT I AM WAIVING CERTAIN RIGHTS I MAY HAVE.

DATE	PARTICIPANT'S FULL LEGAL NAME	PARTICIPANT SIGNATURE ( <u>LEAVE BLANK FOR MINORS</u> )
DATE	<u>IF PARTICIPANT IS A MINOR</u> : NAME OF PARENT/ LEGAL GUARDIAN	<u>FOR MINORS</u> : PARENT/ LEGAL GUARDIAN SIGNATURE
DATE	SPOUSE'S FULL LEGAL NAME (IF SPOUSE IS COMING ON TRIP)	SPOUSE'S SIGNATURE (IF SPOUSE IS COMING ON TRIP)

**Part 6. REGISTRATION FEE AND OPTIONAL DONATION**

Your completed application must be **COMPLETED** and **POSTMARKED with FULL PAYMENT** by January 15th.

NUMBER OF PARTICPANTS	↓		COST EACH	=	TOTALS
Registration deadline by JANUARY 15th		X	\$280.00	=	
Transaction fee per person ONLY if paying via Venmo		X	\$5.50	=	

**BEND 2 BAJA 2 BUILD** is graciously funded by donations from individuals such as you. By donating any amount, you become part of the miracle that changes the life of a family forever! All donations are 100% tax deductible. 100% of your donation is used for the purchase of materials and supplies for constructing the homes and latrines. No organizer is ever paid for any BEND 2 BAJA 2 BUILD activity. ALL organizers pay their own way (and then some!) on all BEND 2 BAJA 2 BUILD trips.

**MY OPTIONAL DONATION** ↓

IN ADDITION TO THE ABOVE REGISTRATION FEES, I AM DONATING THE FOLLOWING AMOUNT TO BE USED TOWARDS THE PURCHASE OF MATERIALS FOR THE CONSTRUCTION OF A HOME:

**TOTAL FEES AND DONATIONS:**

↓ **PAYMENT OPTIONS:**

<input type="checkbox"/> MY CHECK IS ATTACHED FOR THE TOTAL AMOUNT OWED.	MAIL COMPLETED APPLICATION AND MAKE CHECK PAYABLE TO:	<b>BEND 2 BAJA 2 BUILD 60177 STIRLING DRIVE BEND, OR 97702</b>
<input type="checkbox"/> I paid via VENMO @bend2baja2build	WRITE IN YOUR USERNAME SO WE CAN TRACK YOUR PAYMENT	<b>EMAIL COMPLETED APPLICATION TO BEND2BAJA2BUILD@GMAIL.COM</b>
<input type="checkbox"/> I paid via ZELLE @bend2baja2build	WRITE IN YOUR USERNAME SO WE CAN TRACK YOUR PAYMENT	<b>EMAIL COMPLETED APPLICATION TO BEND2BAJA2BUILD@GMAIL.COM</b>

- NOTES:**
- 1) The registration deadline is **January 15**. After January 15, you will be placed on a waiting list.
  - 2) **NO REFUNDS AFTER JANUARY 15**, unless you were placed on a waiting list. Deposits we pay are non-refundable. You will be issued a donation receipt for 100% of your registration payment if you are unable to participate.
  - 3) Liability waiver (PAGE 3) must be signed by all participating adults
  - 4) **RECOMMENDED VACCINATIONS: Tetanus shot or booster** (every 10 years).
  - 5) Minors traveling without parents have TWO additional waivers that parents need to fill out.
  - 6) Fees must be paid in full, and must accompany your completed application.
  - 7) Please attend the **ORIENTATION MEETING**, usually 2 to 3 weeks before the trip.

**Questions? Contact Karen by email at [bend2baja2build@gmail.com](mailto:bend2baja2build@gmail.com). Or by text/call at 541-419-6056.**