

MEXICO OUTREACH MISSION

# MISSION TRIP REGISTRATION FORM

TRIP DATE Oct 7, 2023 to Tijuana, Mexico

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Ministry Team (check one):     Youth's                       Women's                       Worship / Music

Medical / Dental             Food Service             Logistic

**Fee for this Trip is \$ 50 per person, payable prior to departure on 10/7//2023 (make checks payable to "Bread of Life Church" memo: Tijuana trip). Bring the form to general meeting on 9/19/2023 Last Day to sign up is 10/1/23 ( Bus or Van Space dependent)                      NEED A VALID PASSPORT .**

**NEED TO APPLY FOR MEXICAN VISA ONLINE TO SPEED BORDER CROSSING:**

<https://www.inm.gob.mx/fmme/publico/en/solicitud.html>                      Point of Entry is Mesa de Otai

**Mail the form to Guillermo Lao.    5531 LORNA Street, Torrance, CA 90503**

**Any question e mail : [guillermolao@yahoo.com](mailto:guillermolao@yahoo.com)    or [BILLIU2000@AOL.COM](mailto:BILLIU2000@AOL.COM) (310-377-4149)**

Name and telephone number of person in the Los

Angeles area to be contacted in case of emergency: \_\_\_\_\_

**\*\* Please be advised that the U.S. State Department issued a heightened Travel Warning to Mexico on April 22, 2011. Please visit [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_5440.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_5440.html) to review the advisory. By signing below, you acknowledge that you have read & understand the Travel Warning\*\***  
**Consent to Participate, Consent to Medical Treatment, Liability Waiver and Release**

In consideration of the benefits derived from my, or my minor child's, participation in a short-term mission trip to Tijuana, Ensenada and San Telmo, Baja, Mexico on the date(s) shown above (the "Trip"), organized by the Ling Liang World-Wide Evangelistic Mission, Bread of Life Church, Torrance, CA (the "Church"), I, on my own behalf, or on behalf of my minor child, do hereby voluntarily release, acquit, and forever discharge the Church and its directors, officers, employees, agents and Trip organizers from any and all suits, actions, claims, demands and liabilities which may arise from my, or my minor child's, participation in the Trip.

I understand that this document constitutes a full and complete waiver of all possible claims, whether known or unknown, including claims for personal injury due to negligence, property damage and improper medical treatment received from any physician or medical clinic/hospital, arising out of participation in the Trip. No provision of this document shall limit my right, or my minor child's right, to make claims against persons other than the Church and its directors, officers, employees, agents and Trip organizers. This release shall inure to the benefit of and bind the heirs, assignees, personal representatives, and successors in interest of the above-named person and the Church, including the Church's directors, officers, employees, agents and Trip organizers.

I recognize that the living conditions in some of the places traveled to during the Trip are not the same standard as the conditions existing in the United States (including political environment and judicial systems). I further realize that there are certain health and detainment risks, as well as other risks to me or my child and to property, which may be experienced during the Trip, and I or my child enter into participation in the Trip cognizant of those risks.

I hereby consent to the performance of any emergency medical treatment, anesthetics and/or operations and procedures deemed necessary by an attending physician on behalf of the person whose name appears above. If the above-named person is under the age of 18 (a minor), I give this consent as the person's parent or guardian. I realize that this authority is for the administering of medical treatment within the United States and Mexico during the Trip. I represent that the above-named person has medical insurance. If the above-named person does not have medical insurance coverage, I will pay the cost(s) for any medical treatment administered to such person during the Trip.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Parent/Guardian Signature for Minor Participant)

Date: \_\_\_\_\_