



Impact Missions Project Participation Agreement

Applicant (s) / Group Name:

Group Leader:

Phone (Work):

Phone (Home):

E-mail Address:

Mailing Address:

City: State: Zip:

Project Location:

Arrival Date: Time:

Departure Date: Time:

A. COMMITMENT AND FEES

Project price per person is \$ which includes a non-refundable, transferable deposit of \$ per person. Your number of participants is and includes Students Adults, Child 0 - 8. The Group Leader can, with written notice to Impact Missions increase (pending available space) or decrease this number until . The per person deposit is due by in order to secure your groups reservations. Your team is responsible for one evening meal at your own expense.

B. PROJECT TRANSPORTATION

Your group makes all transportation arrangements from your home location to the project site. An Impact Missions Leader will meet you and your team at the Project site. During the project week, your team is responsible to provide their own transportation.

C. INSURANCE

All Impact Missions project participants and leaders are required to carry personal health / medical insurance in order to participate in a Missions Team Project. Policy and or group numbers must be recorded in writing on individual Impact Missions Application forms.

D. PAYMENT POLICY AND SCHEDULE

Payment of the non-refundable, transferable \$ 50.00 per person project deposit is due within 30 days of your verbal agreement to partner in missions with Impact Missions.

Final payment for the entire amount of project fees are due by

E. IMPACT CANCELLATION POLICY

PROJECT CANCELLATION: Impact Missions reserves the right and option to change project location or cancel any project due to safety, weather issues or local circumstances, or minimum numbers required for a project.

PARTICIPANT / GROUP cancellation (s): All cancellations must be in writing.
90 days or more prior to the start of the project.

NO REFUNDS will be issued for cancellations 90 days prior to the project date.

SAFETY AND CONTROL: The sponsoring group is responsible for the control and safety of their group. The sponsoring group and individual team members agrees to indemnify I.M.H. Ministries International / Impact Missions, its Board of Directors, staff and volunteers harmless and agrees to be fully responsible for any injuries , claims, demand, action, suits or causes of action for loss, damages, or personal injury arising from the participation on a project.

Group Name Group Leader _____ Date

Impact Missions is a program ministry of I.M.H. Ministries International, Inc
P.O. Box 1406 Holland, Michigan 49422 616.494.9950