

Mission Trip Registration

Trip Information		
I'm signing for a mission trip to:	Trip Date (dd/mmm/yyyy):	
This is my first mission trip with RiverLife Church: Yes / No		
Participant Information		
Name as per Passport:	Date of Birth (dd/mmm/yyyy):	Gender: Male / Female
Email:	Mobile No.:	
Nationality:	NRIC No./WP No.:	Permanent Resident in Singapore: Yes / No
Passport No.:	Passport Issue Date (dd/mmm/yyyy):	Passport Expiry Date (dd/mmm/yyyy):
Occupation:	Are you currently a Full-Time Student: Yes / No Name of School/Institution:	
Talents / Abilities / Giftings:		
Are you currently attending a cell group: Yes / No	Name of Cell Leader:	
In Case of Emergency		
Contact Person:	Relationship to you:	Contact No.:
Medical Questionnaire		
Are you currently on medication? If yes, please indicate condition(s).		
Do you have any medical or food allergies? If yes, please indicate which medicine(s) and/or food(s).		

Important Information

- Please turn to next page to give your written consent for PDPA Act and Indemnity & Medical Authorization.
- The trip fee covers transportation (air/sea/land), accommodation (twin/triple-sharing), meals, travel insurance and visa application (if required). Other costs not related to the mission trip programme will be borne by you, eg. sightseeing or recreation activities.
- Any cancellation/refund requests will be subjected to the terms & conditions of the airline/third party.
- To submit this form with a photocopy of your passport details to Missions Booth.
- You are required to attend training sessions that will be conducted to help prepare the team for the mission trip.

PARENTAL CONSENT *(Compulsory for youth below 21 years old before departure date of the trip)*

I, _____, NRIC No. _____,
parent/guardian of _____, hereby give consent to my child/ ward's
participation in RiverLife's mission trip. While I know that RiverLife Church will ensure the highest standards of safety,
I hereby assume all risks and unconditionally not hold RiverLife Church, its officers, employees or other agents liable
for any injury, loss, damage or incident that my child/ ward might encounter during the trip.

Signature: _____

Date: _____

MUST READ

In RiverLife Church, we respect the privacy of all persons and recognize that personal data is important. In line with the Personal Data Protection Act 2012 (PDPA) and to fulfill the purposes on the use of your personal data, your consent is regarded as expressed by you submitting this form. Thank you.
Data Protection Officer (DPO), RiverLife Church

PERSONAL DATA PROTECTION ACT ('PDPA') CONSENT

I hereby give my consent to RiverLife Church ('RLC') to collect, use and disclose my personal data to the relevant organizations and agencies whether local or overseas for the purposes of processing my registration, administering my participation throughout the period, travel and accommodation, and contacting me regarding RLC-related activities. My testimonies, photographs and audio/video recordings may be used by RLC for internal and external publicity purposes through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms. I will make no claims against RLC, its associates and/or its publishers (including any licensees and assignees) in connection with the use of my testimonies. I am aware that I may update my personal data and/or withdraw the consent provided by me at any time by contacting dpo@riverlife.org.sg. The RLC PDPA Policy and how my personal data will be used is also available at www.riverlife.org.sg

RELEASE, HOLD HARMLESS AND INDEMNITY AND MEDICAL AUTHORIZATION

RELEASE, HOLD HARMLESS AND INDEMNITY

I, acknowledge that participating in the RLC mission trip involves certain risks and that injury, death or other harm (including damage to property) could occur to me ("Injuries"). By participating in the mission trip, I hereby assume full responsibility for the risk of Injuries and release and hold harmless RLC and all its officers, directors, agents, employees and members from any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) connected with the mission trip.

MEDICAL AUTHORIZATION

If I require emergency medical treatment, while participating in the mission trip, I hereby give my consent for any emergency medical care to be rendered as may be deemed necessary by any duly licensed physician or dentist. I hereby give my permission to RLC to obtain the emergency medical treatment at any hospital, clinic or other health care provider as may be deemed appropriate. In these circumstances, I hereby request and authorize any duly licensed physicians, dentists and staff, or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment as may be necessary, including but not limited to medical transport, hospital tests, injections, anaesthesia, surgery and administration of prescription drugs. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes from any medical contacts provided by RLC. I agree to assume and pay for all costs of such emergency medical treatment.

Signature of Participant: _____ Date: _____

Name of Participant: _____