



Brown Horse Projects' mission is to spread the love of God through mission projects that focus on water, art, music and medicine.



**[brownhorseprojects.com](http://brownhorseprojects.com)**

## Mission Trip Application // 2024-2025 // For Returning Team Members

Check trip(s) of interest and availability.

- Spring 2024: 3/30/24 - 4/6/24
- Summer 2024 >> Week 1: 8/3/24 - 8/10/24
- Summer 2024 >> Week 2: 8/10/24 - 8/17/24
- Spring 2025: 4/19/25 - 4/26/25
- Summer 2025 >> Week 1: 8/2/25 - 8/9/25
- Summer 2025 >> Week 2: 8/9/25 - 8/16/25

# Instructions

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**Please submit the following completed forms in their entirety, check off box once complete.**

- pg 3  Signed Mission Trip Covenant & Participation Understanding
- pg 4  Signed Mission Trip Application
- pg 5  Signed Release and Indemnification Agreement
- pg 6  Complete Medical Information
- pg 7  Physical Form Signed by You and Your Physician
- pg 8  Notarized Medical Release
- Copy of passport and medical insurance cards

SEND to Brown Horse Projects, PO Box 283, Canfield, Ohio 44406.

Complete application packet must be submitted at least 90 days prior to your trip, half of trip funds 60 days prior and balance of trip costs 30 days prior.

Dates are subject to change.

For more information please email [brownhorseprojects@gmail.com](mailto:brownhorseprojects@gmail.com).

# Mission Trip Covenant & Participation Understanding

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Thank you for your willingness to serve the Lord alongside the Brown Horse Projects' team. In preparation for this experience we ask that you seriously review, consider and commit to the following covenants.

## TEAM COVENANT

- I will comply with all team travel arrangements. If I am not able to travel with the team, I will consider a different trip date that is more conducive to my personal schedule.
- Respect the thoughts, ideas and spiritual gifts of my hosts and team members. I will not dominate conversations or interrupt others when they speak, and will be patient and respectful of differing opinions. Basically respect my teammates and leaders.
- Remember not to be exclusive in my relationships and make every attempt to interact with all team members.
- Attend pre- and post- trip meetings. Team mates should actively participate in discussions.
- Participate in debriefing activities (journaling and discussion). Devotionals and debriefings are mandatory.
- Keep confidential discussions and personal information shared among team members.

## PERSONAL COVENANT

- Remember that I am representing Brown Horse Projects and most importantly Jesus Christ. I will seek to model Jesus in my behavior and attitude.
- Be in prayer for my teammates, team leaders and hosts.
- Refrain from criticism and gossip about our hosts and teammates.
- Refrain from complaining, as I recognize that travel can present unexpected and undesirable circumstances; instead of complaining I will be flexible, constructive and supportive.
- Refrain from drunkenness, illegal drugs or lewd behavior. Applicants with a history of addiction should be 6-months (or more) in sober living.
- Refrain from any behavior that could be construed as a special or romantic interest with a national.

## CULTURAL SENSITIVITY

- Remember that I am a guest visiting at the invitation of my hosts. I will be courteous, polite, grateful and respect their culture without judgement.
- Remember that I have come to learn as well as to share. I will resist the temptation to inform our hosts about "how we do things." I will be open to learning about other people's methods and ideas.
- Respect others' view of Christianity in the context of their culture. I recognize that Christianity has many faces around the world, and that the purpose of this trip is to share the love of God and to experience faith lived out in a new setting.
- Dress modestly, and to only bring luggage and possessions that are determined by Brown Horse Projects to be appropriate for the service needs of the mission and the country's culture.
- Develop and maintain a servant's attitude toward all nationals and my teammates. I will demonstrate that I am there to serve others and share Christ, while learning and developing relationships.

**I have prayerfully considered my participation with Brown Horse Projects' mission teams and if selected, will pledge my full and committed involvement. I also understand that I can be sent home if there is a breach of this covenant.**

## FINANCIAL, LIABILITY, DONATION AND PROMOTIONAL AGREEMENTS

Trip expenses, based upon current quotes, are subject to increase. Dates, travel arrangements and schedules are subject to change. At the sole discretion of Brown Horse Projects, travel destinations may be changed, cancelled or switched in the event of a political, natural or mission-related crisis. All application fees and contributions are non-refundable and non-transferable. In the event of cancellation, Brown Horse Projects reserves the right to reassign team members to another project. The cost of the trip is estimated \$715+flight. Your team leader will confirm exact costs once team numbers and flights are confirmed. We ask that you return the completed application at least 3 months prior to your trip, half of the trip cost at least 2 months prior and the balance of your trip expenses at least 1 month prior to the trip. We thank you in advance for understanding.

Brown Horse Projects is a disciplined organization with a goal of excellence in everything we do. Applicants should read the information packet in full. Team members and leaders are subject to dismissal, without refund or reimbursement, for disobedience. Team members, leaders, volunteers and staff serve at their own risk, and Brown Horse Projects is not liable in the event of sickness, accident, death, terrorist acts or for transportation or any other expense beyond that of the normal involvement. Mission trips often include intense physical activity including hiking, continuous walking and other strenuous activity. All participants are required to be in good physical condition.

Although donations received by Brown Horse Projects go toward exempt project expenses, IRS stipulates that to receive a tax deduction, the donor must release control of the money donated to the nonprofit organization. For this reason money CANNOT be refunded or designated to a person.

I give Brown Horse Projects the right to use my picture, voice and testimony in any type of promotional or advertising materials. My enclosed signature (or enclosed signature of my parent or legal guardian because I am under the age of 18) signifies my approval of all limitations listed above.

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

# Mission Trip Application

Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
CELL HOME WORK

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

Birth Date (Month/Day/Year): \_\_\_\_\_ Birth Place: \_\_\_\_\_

If not a U.S. citizen, list citizenship country: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Expiration Date\*: \_\_\_\_\_

*\*some countries have specific passport requirements, check State Department FAQs for up-to-date information - <https://travel.state.gov/content/travel/en/passports.html>*

Known Traveler Number - Global Entry, Nexus, Sentri, TSA PreCheck (if available): \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
CELL HOME WORK

Emergency Contact (2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_  
CELL HOME WORK

Name of last employer (if student, name of school): \_\_\_\_\_

## To be completed if < 18 years of age

Guardian: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
CELL HOME WORK

# Release and Indemnification Agreement

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In consideration of the undersigned's registration packet for participation in a mission trip sponsored by Brown Horse Projects and as an inducement to organizing the mission trip and permitting the undersigned's participation agrees as follows:

The undersigned hereby fully and forever releases and waives and agrees not to cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever the undersigned might assert, including without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, now or unknown, or otherwise against Brown Horse Projects or any of its stewards, elders, officers, employees, agents and volunteers (collectively referred to herein as the "Releasees") by reason of, arising out of or relating to the undersigned's participation in the mission trip.

The undersigned further agrees to indemnify, defend and hold the Releasees harmless from damages, including, without limitation, special, incidental and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of actions, suits proceedings, demands, judgements, assessments, and liabilities, including reasonable attorneys' fees incurred in litigation or otherwise, assessed incurred or sustained by or against the Releasees by reason of, arising out of or relating to the undersigned's participation in a mission trip.

The undersigned further agrees that this Release and Indemnification Agreement (the "Agreement") is binding upon the undersigned's heirs, executors, administrators, assigns and legal representatives; that this Agreement releases all successors, assigns and legal representatives of the Releasees; and that this Agreement is to be governed by the law of the State of Ohio.

The undersigned further agrees that the execution of this Agreement is continuing in nature; it is the undersigned's knowing and voluntary act the undersigned does not intend to participate in the mission trip until and unless the undersigned has had full opportunity to the undersigned's satisfactions to inspect and determine the scope of the mission trip and receive all information from the leader or Brown Horse Projects which bear on the undersigned's decision to participate; and the undersigned is under no duress or undue influence to execute this Agreement.

The undersigned hereby grants full permission to Brown Horse Projects to use any photographs, videotapes, motion pictures, recordings, or other records or documents of the mission trip and to do so without notice or compensation to the undersigned. The undersigned assumes responsibility to pay any outstanding balance upon request by Brown Horse Projects; and agrees that any and all costs incurred by the undersigned during the mission trip, including, without limitation, costs due to health problems, emergencies and death, are the responsibility of the undersigned or estate of the undersigned.

The undersigned certifies that the information provided in the undersigned's registration packet for participation in the mission trip is true, complete and correct and acknowledges that the undersigned has read and understands this Agreement; that the undersigned has not relied in signing this agreement on any statement, oral or otherwise, by Brown Horse Projects; and that it is the undersigned's intention with this Agreement to make a complete, general and unconditional release of any and all claims whatsoever against the Releasees as set forth above.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

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

Printed Name: \_\_\_\_\_

# Medical Information

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Country: \_\_\_\_\_ Trip Dates: \_\_\_\_\_ - \_\_\_\_\_ Team Leader: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician/Phone Number: \_\_\_\_\_

Additional Physician/Phone Number: \_\_\_\_\_

\_\_\_\_\_ I have reviewed the CDC website with health information for travelers to the country(s) where I plan to travel.

INITIAL Haiti [wwwnc.cdc.gov/travel/destinations/traveler/none/haiti](http://wwwnc.cdc.gov/travel/destinations/traveler/none/haiti)

DR [wwwnc.cdc.gov/travel/destinations/traveler/none/dominican-republic?s\\_cid=ncezid-dgmaq-travel-leftnav-traveler](http://wwwnc.cdc.gov/travel/destinations/traveler/none/dominican-republic?s_cid=ncezid-dgmaq-travel-leftnav-traveler)

**The following must be reviewed and completed by BOTH you AND your physician. After your physician has signed this form, please sign the lower portion of the form, then promptly return to Brown Horse Projects. It may take a few months to complete immunizations so set up an appointment with your physician as soon as possible.**

Mission trips can be strenuous and difficult, mentally, physically and emotionally. They typically include long and tiring travel days. Travelers are required to carry their own luggage, walk long uphill distances and travel rough roads, paths and off-road. Restrooms are not always readily accessible. There can be a considerable amount of walking between lodging and meeting locations, in addition to the possibility of climbing stairs. Some mission experiences require long hours of demanding work with limited time to rest. Sleeping arrangements may not be comfortable and, in most instances, teammates will share a room with one or more persons. Climate can vary from extremely hot in summer months to cold in winter, which could affect your overall strength and energy. Air quality may be poor in some locations and water quality varies. Foods are unique to each location. Mealtimes are not always consistent and the ability to meet specific dietary needs is often restricted. Access to emergency medical care is very limited on most international mission trips. **Please be sure the patient is in good physical shape for this trip.**

THE FOLLOWING IMMUNIZATIONS/MEDICATIONS ARE REQUIRED TO BE CURRENT:

- Tdap
- Routine - Please consult with your personal physician to make sure you are up to date with your routine vaccines.

THE FOLLOWING IMMUNIZATIONS ARE RECOMMENDED BY THE CDC FOR MOST TRAVELERS:

- Hepatitis A
- Hepatitis B
- Typhoid
- Covid Vaccine

THE FOLLOWING IMMUNIZATIONS ARE RECOMMENDED BY THE CDC FOR SOME TRAVELERS:

- Cholera
- Rabies

**ZIKA** - Zika is a risk. Zika infection during pregnancy can cause serious birth defects. Therefore, pregnant women should not travel on this trip. Partners of pregnant women and couples planning pregnancy should discuss the possible risk to pregnancy with their physician.

**DENGUE** - Dengue is the leading cause of febrile illness among travelers returning from the Caribbean. Mosquitoes carrying dengue bite during the day and night, both indoors and outdoors, and often live around buildings. For further information please discuss with your physician.

**COVID** - Per the CDC, Haiti has a very high level of COVID. CDC recommends that travelers should avoid all travel to Haiti. Because of the current situation in Haiti even fully vaccinated travelers may be at risk for getting and spreading COVID-19 variants and should avoid all travel to Haiti. If you must travel to Haiti, get fully vaccinated before travel. COVID-19 in the DR is moderate. CDC recommends vaccination before traveling to the DR. All travelers should wear a mask, stay 6 feet from others, avoid crowds, and wash their hands. You may be required to have a negative COVID test to get in or out of country. Please consult with your physician regarding safety and recommendations about traveling to Haiti.

**MALARIA** - CDC recommends that travelers going to Haiti take prescription medicine to prevent malaria. CDC recommends malaria prophylaxis for provinces bordering Haiti, and provinces of Santo Domingo (except Santo Domingo city [Distrito Nacional]) and La Altagracia. The CDC recommends mosquito avoidance for the area where BHP travels, which is Barahona. We recommend discussing with your physician and doing what your physician recommends.

**LEPTOSPIROSIS** - Per the CDC, Leptospirosis is found in urine from an infected animal. CDC recommends avoiding contaminated water and soil when in Haiti and the DR.

**HANTAVIRUS** - Per the CDC, Hantavirus is found in infected rodents. Avoid rodents and where they live while in Haiti and the DR.

**TUBERCULOSIS (TB)** - Per the CDC, there are active cases of TB in Haiti and the DR. TB can be transmitted from contagious people via cough, speaking or singing. CDC recommends avoiding people who are sick.

\_\_\_\_\_ I have reviewed the above risks.

INITIAL

# Physical Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Allergies to foods, plants, insect bites: \_\_\_\_\_

Please check if any of the following medical conditions are present:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> allergies            | <input type="checkbox"/> fibromyalgia               | <input type="checkbox"/> obesity               |
| <input type="checkbox"/> arthritis            | <input type="checkbox"/> gastrointestinal disorders | <input type="checkbox"/> physical limitation   |
| <input type="checkbox"/> asthma               | <input type="checkbox"/> glaucoma                   | <input type="checkbox"/> seizures              |
| <input type="checkbox"/> bleeding disorders   | <input type="checkbox"/> hearing/vision problems    | <input type="checkbox"/> back or neck problems |
| <input type="checkbox"/> chronic anxiety      | <input type="checkbox"/> heart disease              | <input type="checkbox"/> hypertension          |
| <input type="checkbox"/> diabetes             | <input type="checkbox"/> hypoglycemia               | <input type="checkbox"/> other _____           |
| <input type="checkbox"/> dietary restrictions | <input type="checkbox"/> migraines                  | <input type="checkbox"/> other _____           |

Medications (please list any medications you/patient is current taking): \_\_\_\_\_

## EXAM (check if normal or explain if findings)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> ENT _____   | <input type="checkbox"/> Neuro _____           |
| <input type="checkbox"/> Lungs _____ | <input type="checkbox"/> Musculoskeletal _____ |
| <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Psych _____           |
| <input type="checkbox"/> Abd _____   | <input type="checkbox"/> Skin _____            |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____           |

TB Test: Neg Pos Date: \_\_\_\_\_ Blood Type: \_\_\_\_\_

## MALARIA PROPHYLAXIS (please check one)

I discussed the following treatment options with the patient and I have recommended the following course of treatment per the CDC guidelines:

- None  Atovaquone/proguanil (Malarone)  Mefloquine  Doxycycline  Chloroquine

## IMMUNIZATIONS

Tdap Date: \_\_\_\_\_ Typhoid Date: \_\_\_\_\_ Hepatitis A #1: \_\_\_\_\_ #2: \_\_\_\_\_

COVID Vaccine #1: \_\_\_\_\_ #2: \_\_\_\_\_

- I have reviewed the patient's immunizations and he/she is up to date with all routine immunizations.

## TRAVELER'S DIARRHEA (please mark one)

- I have reviewed signs and symptoms of traveler's diarrhea and have prescribed \_\_\_\_\_.
- I have reviewed signs and symptoms of traveler's diarrhea and didn't prescribed anything.

**I have reviewed the forms and examined this patient and** (please mark one)

\_\_\_\_\_ found him/her in general good health and able to withstand the travels and lifestyle of this trip.

INITIAL

\_\_\_\_\_ do NOT recommend him/her for this trip due to: \_\_\_\_\_.

INITIAL

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
FIRST LAST

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY THE PARTICIPANT/PATIENT** I understand that the above immunizations and medications are recommended by the Center for Disease Control for the area and conditions of this project. I have received the required immunizations and understand that if I do not get the recommended immunizations that I am doing this at my own risk.

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

# Medical Release

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Country: \_\_\_\_\_ Trip Dates: \_\_\_\_\_ - \_\_\_\_\_ Team Leader: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ if I am unable to do so, to consent  
PARTICIPANT TEAM LEADER  
to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or specific supervision and on the advise of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above. My medical information and history, including physician and insurance information, have been provided in the signed medical information form required in order to participate in this mission trip, which I confirm is accurate.

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

## NOTARIZATION OF MEDICAL RELEASE FORM

State of \_\_\_\_\_ County \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ County \_\_\_\_\_

State of \_\_\_\_\_ Commission Expires \_\_\_\_\_