

MISSIONS RELEASE FORM (BELOW 21 YEARS OLD)

TRIP(S) DETAILS

For Year: _____

For Countries: _____

"Grace Assembly of God ('Grace') respects the privacy of all individuals and recognizes that it is important to protect their personal data. In filling up and submitting this form, you are expressly consenting to us collecting, collating, using and/or disclosing your personal data as may be required for the purposes of organising, bringing to you and administering your participation in ministry related services in the most efficient way possible and to contact you with regard to such services in compliance with the Personal Data Protection Act 2012 ('PDPA'). The Grace Privacy Policy on how your personal data may be used is also available at www.graceag.org/Privacy.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting dpo@graceag.org

PERSONAL INFO

Name (as in PP): _____

NRIC No: _____

Passport No: _____

Gender: _____

Date Of Birth: _____

Citizenship: _____

PP Issue Date: _____

PP Expiry Date: _____

Marital Status: _____

CONTACT INFO

Address: _____

Contact No: _____

Email: _____

EMERGENCY CONTACT INFO

Name: _____

Contact No: _____

Relationship: _____

CHURCH DETAILS

Service Attending: _____

Grace Group: _____

Baptised Member Of Grace A.O.G Singapore? : _____

GG Pastor : _____

INFORMATION ON PAST MISSIONS TRIPS OR MISSIONS RELATED ACTIVITIES

Have you ever participated in any missions trip or mission related activities organized by either Grace Assembly of God or other ministries / organizations?

Yes

No

I, _____ (name) , NRIC No. _____

of _____ (address),

_____ (relationship) to the abovementioned child/ward of mine, give permission to participate in the missions trip or trips

organized by Grace Missions to the country or countries during the period stipulated.

HEALTH

Have your child/ward suffered any noticeable diseases eg malaria, hepatitis etc? Yes No

If yes, please state: _____

Does your child/ward currently suffer from any illnesses, disabilities or allergies? Yes No

If yes, please state: _____

TRAVEL INSURANCE (Please select one of the following options)

I confirm that I will purchase travel insurance for my child \ ward for this trip myself.

I wish to purchase travel insurance for my child \ ward for this trip through Grace Missions.

In connection with the trip, I further agree and undertake as follows:

1. To absolve Grace Missions from all liability arising out of any damage to or destruction or loss and / or injury (whether fatal or otherwise) to any property or person whether directly or indirectly caused by an act, omission, negligence or default of Grace Missions while on or otherwise in relation to or arising out of the trip or trips.

2. To indemnify and upkeep harmless Grace Missions from and against all costs, claims, suits or demands which may be made against Grace Missions by any person or persons in respect of any damage to or destruction or loss of property or injury to person (fatal or otherwise) occasioned by any act, omission, negligence or default of the participant while on or otherwise in relation to or arising out of the trip or trips

Signature of parent/legal guardian _____

Date: _____