



The Navajo Experience

March 5 - 15, 2026

Age on 3/5/26 _____

Student Information

Full Name _____ Date _____
Last First Student I.D.

Address _____
Street Address Apt/Unit # City State ZIP Code

Cell Phone _____ Email _____

Birthdate: _____ Age: _____ Sponsoring School: _____

Emergency Contact: Name: _____ Relationship: _____
Cell: _____ Work: _____ Home: _____

Insert address only if it differs from above.

Street Address Apt/Unit # City State ZIP Code

Are you a U.S. citizen? (Please circle) YES or NO

For non-US citizens: Passport Number/Country: _____

Abilities/Skills and Interest (Check all that apply)

Certified First Aid/CPR	<input type="checkbox"/>	Senior Ministry	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Carpentry/Masonry/Cement Work	<input type="checkbox"/>	Painting	<input type="checkbox"/>	Worship Leader	<input type="checkbox"/>
Children's Ministry	<input type="checkbox"/>	Musical Talents? _____	<input type="checkbox"/>	Other? _____	<input type="checkbox"/>

Medical and Health Form for Adults 18 Years and Older (If under 18, please complete the Consent Form for Minors instead.)

List any medications you are currently taking, including dosage and frequency: _____

List any known allergies _____ Date of last tetanus shot (if known) _____

Have you received any immunizations for this trip? If yes, what and when? _____

List any medical conditions of which we should be aware of _____

Health Insurance Carrier _____ Policy # _____

In the event of a medical emergency, do we have your permission to take you for treatment at a local hospital/clinic? If yes, sign below.

Signature _____

If no, please explain: _____

I attest that I have completed this form truthfully. _____

Signature

NOTE: CTA STUDENTS MUST SUBMIT THE STANDARD CTA PERMISSION SLIP TO CTA

**ALL PARTICIPANTS ARE REQUIRED TO BE APPROVED THROUGH STERLING VOLUNTEERS.
INSTRUCTIONS WILL BE PROVIDED FOLLOWING ACCEPTANCE OF TRIP APPLICATION.**

Participant Agreement for All Students

I have read the SWAU or CTA Student Handbook (whichever applies) and agree to abide by all policies and guidelines set forth therein, and will represent SWAU and CTA in a positive, mature, and exemplary manner. I have read the Supplemental Trip Participation Guidelines, and agree to abide by these and any additional instructions of trip sponsors while participating in the program. I also agree to abide by the laws of the governmental jurisdictions at the place(s) of program offering.

I understand that my failure to follow the above guidelines could result in the termination of my participation and my return to Dallas/Fort Worth at my own expense.

By signing below, I agree to the above statements.

Student Signature

Date

General Waiver and Release (This is your acknowledgement of risks inherent in travel abroad and a release to SWAU for loss or injury. It also states your obligation to reimburse SWAU for losses it incurs due to your acts or omissions. Please read carefully before initialing).

I acknowledge that I have voluntarily agreed to participate in a study tour or group trip offered by Southwestern Adventist University. I understand that during the study tour/group trip in which I will participate, certain risks and dangers may arise which are beyond the control of SWAU. Such risks include serious illness, injury, and even death, and property damage and loss due to, but not limited to, crimes committed by persons other than employees or agents of SWAU; political unrest; use of various modes of transportation, housing and dining services or other goods and services in connection with the program; and other activities arising on the part of fellow participants, host family members, agencies, and organizations, persons, or groups with which SWAU contracts or recommends for the provision of services for the study tour/group trip. I voluntarily assume all such risk that may result from participation in the study tour/group trip.

In consideration of the opportunity to participate in the study tour/group trip and by assuming the risks inherent in participating in the study tour/group trip, I do hereby release and forever discharge SWAU, its trustees, officers, directors, faculty, agents, employees, legal representatives, agents and assigns of and from any and all loss and liability in connection with any personal injury, accident, illness, death, damage, claims, costs, expenses or other loss suffered or incurred by me during, arising out of, or in any way associated with my participation in the travel study tour, including, but not limited to, travel to and from and any and all other travel incident to my participation in such program, housing, dining or other goods and services, or arising out of any other activity related to my participation in the program. In addition, I hereby agree to release, indemnify and forever discharge SWAU, its trustees, officers, employees, agents and assigns of and from contribution or indemnification with respect to any claim made against me by any person or entity in connection with or arising from my participation in the study tour. Furthermore, I agree to indemnify and hold harmless SWAU, its trustees, officers, employees, agents and assigns of and from any actions brought against them in connection with my acts or omissions. This release does not apply to intentional, willful, or wanton acts of employees or agents of SWAU.

I have carefully read this agreement and fully understand its contents. I sign it of my own free will.

Student Signature

Date

Birthdate:

If the student is a minor, parent or legal guardian must also sign below, as well as submit a separate mandatory consent for medical treatment form.

As the parent or legal guardian of the student whose signature appears above, I have read and understood the conditions outlined above and have given my child/ward permission to participate in the Southwestern Adventist University mission trip and agree to be bound by the conditions above as if I myself had signed above.

Signature of Parent or Guardian of Student under 18

Date

Photo release waiver: I grant permission to Southwestern Adventist University (SWAU), its agents and employees the irrevocable and unrestricted right to produce photographs and video taken of myself during this trip for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Southwestern Adventist University. I hereby release Southwestern Adventist University and its legal representatives from liability for any violation or claims relating to said images or video.

Student Signature

Date

If the student is a minor, parent or legal guardian must also sign below

Signature of Parent or Guardian of Student under 18

Date

Please provide a brief statement as of why you wish to participate in this project.
