

**IMPACT NDOLA
2026 TRIP
REGISTRATION**



**NORTHRISE
UNIVERSITY INITIATIVE**



Sponsored by: Northrise University Initiative (Trip Sponsor)

Location: Ndola, Zambia

Dates: July 12-17 Trip

Sponsor Coordinator: Teresa Crothers

Email: impactndola@northrise.org

Nature of Trip: Impact Ndola is a service trip designed to share God's love by serving and ministering to the people of Ndola serving under the leadership and direction of the students and staff of Northrise University.

PARTICIPANT INFORMATION One form per family to be completed and signed by each adult participant, or an authorized guardian for children under 18. Adult children must submit and sign their own form.

Names of Travelers (preferred name/nickname for name tags)

Address

Phone/Mobile Phone

EMERGENCY CONTACT

Name and relationship to participant

Physical Address

Daytime Phone

Evening Phone

PASSPORT DETAILS, attach a copy of the information & picture page of your passport(s)

FULL NAME (ON PASSPORT)	PASSPORT NUMBER	ISSUED DATE (dd/mm/yyyy)	EXPIRATION DATE (dd/mm/yyyy)	DATE OF BIRTH (dd/mm/yyyy)

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PAGE 2: SERVICE PROJECT DETAILS

REGISTRANT LAST NAME:

Have you ever participated in Impact Ndola or visited Northrise University before?
If yes, please describe your experience.

Tell us about yourself, specifically your vocation and volunteer or service trip experience.

If you are traveling with a group, please provide the group leader's name or, if you are the group leader, the names/ages of those traveling with you.

Church name, if a member:

ADDITIONAL DETAILS

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PAGE 3: ROOM AND BOARD DETAILS PARTICIPANT AGREEMENT/SIGNATURES

REGISTRANT LAST NAME:

Planned date of arrival (Note: trip fee based on July 12 arrival. Early arrival subject to additional fee.)

Number of room occupants (Note: trip fee based on double occupancy. Single or family rooms subject to additional fee.)

Preferred roommate

Double-bed Queen-bed Family Room

MEDICAL DETAILS

List all food allergies or restrictions

Is sponsor authorized to approve medical treatment? Yes No

List any current allergies, illnesses, physical conditions, or medications and specify traveler

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer

Policy or group number

Note: Northrise University Initiative provides international emergency medical and evacuation insurance for each participant.

PARTICIPANT AGREEMENT

 (To be completed by participant or by parents or guardians if participant is a minor.)

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless Northrise University,

Northrise University Initiative and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____

Participant or parent/guardian if participant is a minor

Date: _____

Signature: _____

Participant or parent/guardian if participant is a minor

Date: _____

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PAGE 4: SAFARI ADDENDUM (OPTIONAL)

REGISTRANT LAST NAME:

NUI hosts a safari excursion for Impact Ndola participants to experience the wonders of Africa. NUI facilitates travel from Ndola to Livingstone on Friday, July 17. Additionally, NUI facilitates the ground transportation back to the airport (Livingstone International Airport) on Sunday, July 19. Participants need to book their return home flights from this airport (not from Ndola) on Sunday, July 19.

Are you planning to participate in a NUI sponsored safari excursion? (Note: additional fees required) Yes No

If you wish to stay longer at the safari destination NUI will facilitate the extended hotel reservations (at an additional cost). However you will be required to facilitate your own transportation back to the airport (at your own expense). Please indicate if you wish to stay longer than Sunday, July 19.

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL FOR NUI TRIP COORDINATORS