

Scott Hinkle Outreach Ministries

PO Box 1093 Midlothian, TX 76065

214-212-0409 ScottHinkle.org

PRECISION
STRIKE
NEW ORLEANS
MARDI GRAS
FEBRUARY 25 -
MARCH 1, 2022

INFORMATION PACKET

Mardi Gras 2022

General Information

Dates: Friday, February 25, 2022 – Tuesday, March 1, 2022

Location: Holiday Inn
275 Whitney Ave
Gretna LA 70053

Housing: Hotel - two in a room.

Cost: Total Mardi Gras Outreach Package: No daily or prorated cost is available.
\$605.00 this amount includes: housing, local transportation, 2 meals a day (Breakfast and lunch provided. Dinner is on streets) and tracts

To insure a reserved space: (Space is limited)

Please confirm your participation with us by **January 13, 2022**. A non-refundable deposit of \$200.00 is due at this time along with your **application, medical form, adult participation release & pastor's recommendation letter**. (This deposit is a part of the outreach total cost of \$605.00).

The remaining amount must be in our office by **January 27, 2022**.

All monies are due on or before January 27, 2022. (Make all checks payable to (S.H.O.M.) Payment may be made by Credit Card (Visa, MasterCard, Discover & Amex) for entire amount only, plus a \$9.00 service charge per person.

No new applications will be accepted after **January 11th**. All monies become non-refundable after **January 11th**.

CONTACT: SHOM, PO BOX 1093, Midlothian, TX 76065 / (214)-212-0409

Transportation: To and From New Orleans International Airport

FLYING INTO NEW ORLEANS: Plan arrival into New Orleans International Airport
Friday, February 25th as close to 4:00 PM as possible

When you arrive in New Orleans please get your luggage and go to DOOR 11. We will pick you up at the airport and transport you to the place where we will be staying. Make your reservations immediately and advise us of your schedule

Plan departure from New Orleans **Tuesday MORNING, March 1st**. There will be transportation to the airport

DRIVING INTO NEW ORLEANS: Plan to arrive on Friday, February 25th around **4:00 PM at:**
Westpoint Church
664 Behrman Hwy
Gretna LA 70056

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Important Information

Purpose: Declare the Good News - Luke 4:18-19, Those that don't know Jesus to come to know Him - John 12:32, Destroy the works of Satan - 1 John 3:8, Build up the Body of Christ - Hebrews 3:12-13, Hebrews 10:25.

Outreach Requirements:

18 years of age before February 15, 2022. NO EXCEPTIONS

A solid and consistent life with the Lord for one year prior to outreach

A member of a local church

A letter of recommendation from your Pastor (emailed or mailed) to our office no later than **January 27, 2022**.

Be able to be a part of a highly disciplined and structured large group setting.

Must be COVID FREE for at least 14 days prior to outreach.

Must be free from any and all substance abuse (i.e. drugs, alcohol, nicotine, and electronic cigs/vapes), etc.

Be in good physical condition - this outreach requires a lot of walking.

Things to Bring:

Bible

Clothing: casual; the weather can be unpredictable: Jacket, sweater, thermals, gloves

Shoes: good shoes for walking

Toiletries: soap, deodorant, shampoo, etc

Personal hand sanitizer

Face covering(s) i.e. masks for multiple days (optional)

Watch or cellphone: a must for being on time for pick up - "*Be there or cab fare*"

Money: for dinner, extra meals and snacks on the street

Backpack: for tracts, follow up cards, Bible, water, etc. while on the street

Vitamins

Mardi Gras 2022

Prayer Guide

We place a high priority on preparation. The nature of this particular outreach is perverse and full of occultism. It is strongly advised that all participants prepare themselves through prayer and fasting. Fasting will begin, Wednesday, January 26, 2022 through Wednesday, February 23, 2022.

Suggested reading: "Christian Come Out of the Closet" by Scott Hinkle

GENERAL GUIDELINES:

Recognize and trust the Lordship and omnipotence of Jesus Christ

Stand firm, resist every evil work - Eph. 6:10-19, Put on the full armor of God

Do not give the enemy an entry point to oppress you personally

Resist temptation and maintain a clean heart and life

Keep your guard up spiritually upon your return home

For 2-3 weeks afterward maintain the same warfare and intensity that was used in preparation for the outreach as this will help against any backlash from the enemy

GRACE FROM GOD:

Faith - Believe God is able to use you to win souls

Love for the unsaved - a vision for the lost and a tender heart; repentance; deliverance

Strength & Protection (spiritual, emotional, mental, physical)

Financial provision

Gifts of the Spirit - operation of the supernatural; miracles

Discernment & wisdom for decisions on strategy, plans, methodology, etc.

A spirit of unity with all those involved in outreach

Attitude of praise - no matter what; divine appointments. Attitude of warfare - no matter what

Safe travel for all those attending the many outreaches in New Orleans

OUTREACH:

Unity

Favor with authorities of New Orleans

Vans, planes & other vehicles - mechanically sound - trip down and back

The local churches and Christians in the Greater New Orleans area

OUTREACH LEADERSHIP:

Scott & Nancy Hinkle & family, SHOM

Danny & Stephanie Delgado & family

Our families, homes, and children, grandchildren, etc.

All other participating Christian groups, churches, ministries & leaders

PRAY AGAINST:

Specific principalities, powers and authorities which are over New Orleans - lies, darkness, occult, rejection, rebellion, pride, covetousness, violence, murder, racism, bitterness, doubt, lust and perversion.

Strongholds: witchcraft, astrology, religion, idolatry, homosexuality, immorality

Attacks on the outreach: dissension, disunity, passivity, health, emotional, spiritual, temptation, fear, curses, hexes, financial.

SCOTT HINKLE OUTREACH MINISTRIES
PO Box 1093 Midlothian TX 76065
SHOM2@aol.com
(214)-212-0409

PLEASE PRINT CLEARLY:

Name: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip

Telephone: Work () _____ Home () _____ Cell () _____

E-Mail: _____ Website: _____

Marital Status: _____ Languages Spoken: (BESIDES ENGLISH) _____

Have you received the Baptism in the Holy Spirit as described in Acts 2:4? ____ Yes ____ No

Requirements for outreach participation: born-again experience and a consistent Christian walk for at least one year. (SEE ATTACHED SHEET) How long have you been born again? _____

Home Church: _____

Denomination: _____ Length of time attending: _____

If you work with a ministry, please tell us the name: _____

Leader of group or ministry: _____

Have you ever been involved in street evangelism? ____ If so, where? _____

Have you ever been a part of an outreach with Scott Hinkle Ministries? ____ If so, when and where? _____

PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship to you: _____

Address: _____
Street City State Zip

Telephone: AM () _____ PM () _____

I have read and understand all paperwork. I have completed all portions of this application, including the medical statement and travel forms. While involved in this outreach I will abide by the spirit, rules and schedule of Scott Hinkle Outreach Ministries.

SIGNATURE: _____ DATE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO S.H.O.M

WAIVER, RELEASE OF LIABILITY, COVENANT NOT TO SUE & IMAGE RELEASE

In consideration of my (“I,” “my” or “myself”) participation as a volunteer (“Participant”) in Mardi Gras Ministry in New Orleans, LA (“Event”) sponsored by Scott Hinkle Outreach Ministries (“SHOM”), I acknowledge, accept and agree the following:

(1) The risk of serious injury and/or death from the activities involved participating in any Event, as a Participant, is significant and may include, without limitation, the following: (i) sprains; (ii) strains; (iii) fractures; (iv) heat and cold injuries, including burns, heat-related illness, and hypothermia; (v) over-use syndrome; (vi) injuries involving the acts or omissions of other Event participants; (vii) animal bites and/or stings; (ix) accidents involving, but not limited to, travel by truck, car or other convenience, falling from heights; (x) heart attack; (xi) diseases from infectious disease exposure (including COVID); (xii) permanent paralysis; and/or (xiii) death. While particular rules, equipment, and/or personal discipline may reduce this risk, the risk of serious injury and/or death does exist.

(2) AFTER OPPORTUNITY TO FULLY INFORM MYSELF ABOUT AN EVENT, I (undersigned) KNOWINGLY, VOLUNTARILY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OR ACT OR OMISSIONS OF SHOM, as defined below, or others, and assume total responsibility and all risks for my participation in the Event.

(3) I knowingly and voluntarily agree to comply with all terms and conditions imposed on me by SHOM leaders to allow my participation in an Event. If, however, I observe any unusual and/or significant hazard during my presence at the Event, I will remove myself from participation and bring such hazard to the attention of the nearest church leader.

(4) To the fullest extent permissible by applicable law, I, and my heirs, assigns, spouses, partners, personal representatives and/or next of kin, forever **WAIVE, RELEASE, DISCHARGE, and COVENANT NOT TO SUE SHOM** and its respective officers, directors, employees, contractors, representatives, agents and affiliates and, as applicable, predecessor, successor, heir, assign, media partners, associated charity, sponsor or medical providers of any of the preceding **CONCERNING ANY SUITS, CLAIMS, OR LOSS AND ALL INJURY, DISABILITY, DEATH, AND/OR LOSS OR DAMAGE TO PERSON OR PROPERTY, IN CONNECTION WITH MY PARTICIPATION IN THE EVENT, WHETHER ARISING FROM THE NEGLIGENCE OR WILLFUL CONDUCT OF SHOM OR OTHERWISE.** I further agree to indemnify, defend and hold harmless SHOM from any loss liability, cost, claim, and/or damages arising from Participant’s participation in or association with the Event, including, but not limited to, reasonable attorney’s fees.

(5) I attest and verify that: (i) unless indicated below, I am over 18 years of age and am legally signing on behalf of myself; (ii) I am free from all illnesses, injuries, and defects that could interfere with my safe participation in an Event; (iii) I am physically fit and sufficiently trained to participate in all activities associated with the Event; and (iv) on the date of the Event, I will be covered by medical/health insurance, individually or as part of an organization. I am aware and informed of the inherent risks of participating in the Event and that my participation is entirely voluntary.

(6) I consent to the administration of first aid and other medical treatment and related services, including evacuation/transport, in the event of injury or illness in connection with participation in the Event and release and indemnify SHOM from any and all liability or claims arising out of such treatment and/or services. I further consent and agree to obtain, furnish and allow, if required, the use and disclosure of my personal health information by such providers in connection with rendering services and or treatment and to sign any additional documents that such providers may request in connection such information or services.

(7) SHOM reserves the right, in their sole determination, to postpone, cancel, or modify the Event due to weather conditions or other factors beyond the control of SHOM that might affect the health and/or safety of Participants.

(8) I irrevocably grant unlimited permission to SHOM to use, reproduce, sell, disseminate and distribute any and all photographs, images, videotapes, motion pictures, recordings, or any other depiction of myself while participating in the Event or related activity for any legitimate purpose in perpetuity. I understand that I will not be entitled to any

compensation for the use of my image. I further irrevocably and grant permission to SHOM to film, videotape, and record my performance in the Event and subsequently to telecast, sell, distribute and otherwise utilize the same in whatever manner SHOM shall deem appropriate. Such permission shall include granting the unlimited and irrevocable rights to SHOM, without compensation of any kind to Participant, to use, reproduce or broadcast, Participant's name, nickname, image, likeness, voice, photograph, signature facsimile, and biographical information in connection with the Event. I acknowledge that SHOM shall have unlimited right throughout the world to copyright, use, reuse, publish, republish, broadcast, and otherwise distribute depictions of or information about Participant and all or any portion of the Event in which Participant may appear on any and all radio, network, cable, and local television programs and in any print materials and any other format or media (including electronic media) now known or hereafter devised in perpetuity and without compensation to Participant.

(9) In consideration and in return for being allowed to participate in the Event, I release and agree not to sue SHOM from all present and future claims regarding my participation in the Event. This release binds my heirs, assigns, spouses, partners, personal representatives, and/or next of kin.

(10) If any of the provisions of this Waiver, Release of Liability, Covenant Not To Sue & Image Release ("Waiver") shall be deemed by a court of competent jurisdiction invalid or unenforceable in any respect, then, to the fullest extent permitted by applicable law, all other provisions hereof shall remain in full force and effect.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN IT FREELY AND VOLUNTARILY.

Participant

Date

Mardi Gras 2022 Medical Release

PLEASE PRINT CLEARLY:

ARE YOU UNDER MEDICAL SUPERVISION AT THIS TIME? _____

IF SO, WHAT KIND: _____

ARE YOU TAKING ANY MEDICATIONS AT THIS TIME? _____

IF SO, WHAT KIND: _____

ARE YOU IN GOOD HEALTH AND PHYSICAL CONDITION? _____

DO YOU CERTIFY THAT YOU ARE NON-CONTAGIOUS AND FREE FROM ALL ILLNESSES INCLUDING COVID 19? _____

DO YOU HAVE ANY PHYSICAL OR DIETARY LIMITATIONS? _____
SPECIFY: _____

ARE YOU ABLE TO WALK THREE TO FIVE MILES? _____

NOTE: IF YOU ARE UNDER MEDICAL SUPERVISION, PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR PHYSICIAN.

ON A SEPARATE SHEET OF PAPER PLEASE MAKE ANY ADDITIONAL COMMENTS REGARDING YOUR HEALTH OR SPECIAL LIMITATIONS AFFECTING PHYSICAL, MENTAL OR EMOTIONAL CAPABILITIES.

RELEASE OF LIABILITY

I/We do hereby fully release Scott Hinkle Outreach Ministries, Inc. and their employees and representatives from any liability whatsoever arising out of injury, illness, COVID 19, damage, theft, loss, threat or war which may be sustained by me/us during the course of involvement with Scott Hinkle Outreach Ministries, Inc.

IMPORTANT INFORMATION (PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT (NAME & PHONE #): _____

CONSENT FOR TREATMENT / RELEASE OF LIABILITY

I do hereby agree to performance of such treatment, anesthetic and /or operations as in the opinion of the attending physician are deemed necessary on:

Print Name

Signature

Date