

# HEALTH INFORMATION FORM

## MISSIONS and INTERNSHIPS

Grenada 24-7 Ministries

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name (if minor) \_\_\_\_\_

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

Phone numbers: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Known allergies (medication, pollens, food, other):

Please list any current health problems (including any conditions for which you are taking medication):

Please list any prescription medication you will be taking during the trip and what it is prescribed for:

(Check Boxes That Are True)

- I am not diabetic.
- I do not have a history of seizures.
- I take medication to regulate my mood and emotions.

# RISK ACKNOWLEDGEMENT *and* RELEASE FORM

## **Trip Info**

Trip Sponsor: GRENADA 24-7 Ministries

Trip Location: GRENADA, WEST INDIES

## **Participant Info**

Name (printed): \_\_\_\_\_

## **Participant Assurance**

*(If Participant is a minor then this assurance is made by Participant's parents/guardians on their behalf)*

I assure that I am in good health and sound mind, and able to understand this Agreement. I have or will discuss my participation in the trip with my physician, have or will receive any vaccination he or she deems necessary, and will participate in the trip only if I have received his or her approval and believe that I am able to endure the strain that may be associated with such participation.

I understand that my participation in the trip is contingent upon the Trip Sponsor's agreement, but that the Trip Sponsor is not taking the responsibility to assess and approve my fitness for participation in the trip or my signing of this Agreement.

## **Participant Agreement**

I understand that there are inherent risks involved in any mission trip as well as international travel in general. Such risks may occur during, but are not limited to: transportation, physical activity, exposure to the elements or disease or other illnesses and violence due to criminal activity, political instability or terrorism. I understand that such risks may result in various types of injury including, but not limited to: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial loss and obligation.

I acknowledge and accept the risks associated with participation in the trip and assume all personal and financial responsibility related to and resulting from such risks. That said, I release, absolve, indemnify, hold harmless, and forever discharge the Trip Sponsor as well as its agents, employees, volunteers, or any other representatives from any and all liability and responsibility related to and resulting from such risks. I also understand that I will be ultimately responsible for the cost of any medical care should the cost of that care not be covered or reimbursed by my insurance provider.

I authorize the Trip Sponsor to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip. I also hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the physician for my health and well-being.

## **Complete Reading and Understanding**

I HAVE COMPLETELY AND CAREFULLY READ THE AGREEMENT, UNDERSTAND IT, AND UNDERSTAND ALSO THAT I AM WAIVING LEGAL RIGHTS THAT I MAY HAVE IN THE EVENT THAT I SUFFER DAMAGE, LOSS, HARM, OR DEATH.

The Trip Sponsor and I may amend this Agreement, but only in writing signed by all the undersigned.

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

*Participant or parent/guardian if participant is a minor*

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

*Trip Sponsor (as affirmation of documents received)*