

HEALTH INFO FORM

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. I understand that the Trip Sponsor is not responsible for assessing or approving my health or physical fitness. It is my responsibility to make sure that I am medically fit and properly prepared to travel and participate.

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, property damage and financial loss and obligation.

I acknowledge and accept such risks and assume all personal and financial responsibility related to and resulting from such risks. That said, I unconditionally agree to release the Trip Sponsor (as well as its agents, employees, volunteers, or any other representatives) from any and all liability and responsibility concerning my personal health and well-being, or for my personal property that might be lost, damaged, or stolen while on a mission trip.

I understand that I will be personally 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 act on my behalf should I be unable to do so and to consent to all medical care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures for my medical well-being for the duration of the 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 THAT I AM WAIVING LEGAL RIGHTS THAT I MAY HAVE IN THE EVENT THAT I SUFFER DAMAGE, LOSS, HARM, OR DEATH.

Signature: _____ Date: _____
Participant or parent/guardian if participant is a minor

Signature: _____ Date: _____
Trip Sponsor (as affirmation of documents received)