



Mission Trip Application

Date of trip

General Information

Birth date: _____ Male _____ Female _____

Passport Name: _____

Passport Number: _____ Expiration Date: _____

E-mail: (PRINT CLEARLY) _____

Home Address: _____

City: _____

State: _____ Zip: _____

Home phone: (____)____ - _____ Cell phone: (____)____ - _____

Marital Status: Married _____ Single _____

US Citizen: Yes _____ No _____

T-shirt size: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home phone: _____ Cell phone: _____

Health Information

Are you currently under the care of a physician for any condition? Yes__ No__

If so, please list.

Please list any illnesses, other than those listed above, for which you have seen a physician or other health care provider in the last year.

Illness	Date	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all current medications, dosages and reason for taking. Include those medications taken on a regular basis as well as those taken for occasional illnesses such as migraines, indigestion, etc.

Medications	Dosage	Treatment for?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you allergic to any medications? If so please list _____

Do you have any allergies other than to medications (i.e., Foods, environmental, etc.)?

If so please list

List all the surgical operations or hospitalizations you have undergone and dates:

Surgical operations or hospitalizations Date Reason

Are you currently under the care of a mental health provider for any of the above conditions? ____Yes ____No / If so which one?

Date of last Tetanus shot (**w/in last 10 years**): _____

Please provide information of you current family physician.

Name of physician: _____

Address: _____

Telephone (____)-____-_____

Medical Insurance Information:

Name of medical insurance carrier:

Office/Agent: _____

Policy/Group Number/Certificate Number:

Phone: _____

Release and Consent

Name (please print clearly): _____

Trinity Fellowship Church ("TFC") has organized a mission trip (the "Event"). I have been accepted for participation as a participant in the Event. Subject to each of the following provisions, I hereby consent to participate in the Event. The term "Event" encompasses every activity which shall occur from my arrival at the designated location for the Event to the time of departure from the Event. I understand that TFC would not admit me to the Event in the absence of execution of this General Release.

Release of Liability. I understand and appreciate fully the risks inherent in the Event and in travel. I fully understand the risks in participating in the Event also I am capable of participating in the Event and will do so in a safe and responsible manner. I will comply with all safety guidelines established by TFC. I fully and forever release, discharge and acquit TFC and their directors, officers, employees and agents, and their heirs, executors, administrators and assigns, including the volunteer medical staff (the "Released Persons"), from any and all rights, claims, actions, demands, costs and expenses that I may have or have a right to assert, arising out of or in connection with the Event, including but not limited to damages for death or personal injuries to myself. Without intending to limit the generality of the foregoing waiver, I expressly waive any claim against the Released Persons for any personal injury or property damage which I may sustain as a result of any activity during the Event.

Consent for Medical Treatment. I authorize the TFC mission leadership to provide medical/dental care and treatment, including but not limited to diagnostic tests, X-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my well-being during the duration of the Event. I agree that I am solely responsible to pay for any expenses that may arise from such medical care. This Release and Consent shall remain in full force and effect until the end of the Event.

Signature: _____ Date: _____