

Team leader of Mission Trip: _____ Date of Mission Trip: _____

Name _____ Age _____ Date of Birth _____

Address _____ State _____ ZIP _____

E-Mail Address _____

EMERGENCY CONTACT

Name(s) _____

Home Phone _____ cell Phone _____ work phone _____

Other Emergency Contact _____ Relationship _____

Home Phone _____ cell Phone _____ work Phone _____

Address _____ E-mail _____

INSURANCE

Health Insurance Company _____ Name of Insured _____

Policy Number _____ Phone Number _____

MEDICAL

Family Doctor _____ Phone Number _____

DATE OF LAST TETANUS SHOT (MUST BE WITHIN THE LAST 10 YEARS) _____ Blood Type: _____

If you have any medical problems, regularly use any medication, have a special diet, or allergies (including allergies to medications), or have had a major illness or surgery within the last twelve months, please note them below:

PERMISSION AND LIABILITY RELEASE

In consideration for being accepted by Pumping For Life for participation in (Mission Trip) _____

(month) _____ (year) _____. I, being 18 years of age or older, do for myself or for and on behalf of my child-participant (if said child is not 18 years of age or older), do hereby release, forever discharge, and agree to hold harmless **Pumping For Life, the corporation, its officers, directors, employees, agents, contractors, workers, paid or volunteer, or their heirs or assignees** from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned or the child participant that occur while I or my child is participating in the above-described trip or activity.

Furthermore, I on behalf of myself or my child (under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation. Authorization and permission is hereby given to said organization to furnish necessary transportation, food, and lodging for me or my child. The undersigned further hereby agrees to hold harmless and indemnify said organization, **the corporation, its officers, directors, employees, agents, contractors, and other workers, paid or volunteer, or their heirs or assigns**, for any liability sustained by Pumping For Life as the result of the negligent, willful or intentional acts of me or my child, including expenses incurred attendant thereto.

I grant permission for Pumping For Life representatives to take me or my child to a doctor or hospital and hereby authorize medical treatment, including but not limitation to emergency surgery or medical treatment and I will assume the responsibility of all medical bills, if any **further, should it be necessary for me or my child to return home due to medical reasons, disciplinary action or otherwise, I will assume full responsibility for payment of all transportation cost.**

APPLICANT'S SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____