

PLEASE PRINT CLEARLY AND READ THE BACK OF THIS FORM BEFORE SIGNING.

Medicine in Mission
LIABILITY RELEASE AND MEDICAL CONSENT FORM

PERSONAL INFORMATION

Name: _____ Birthdate: _____ Sex: M F
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email: _____

MEDICAL INFORMATION

Check the appropriate blank if you have ever had any of the following and please explain under remarks.

Allergies (including drug) Asthma Bee/Wasp Reaction Diabetes Dizziness/Fainting
 Epilepsy Hay Fever Heart Condition High Blood Pressure Operation in last year
 Penicillin allergy Physical Handicap Regular Medication Respiratory Problems
 Seizures Allergic to Poison Ivy/Oak/Sumac Any problem not listed: _____

REMARKS: _____

Date of Last Tetanus Shot: _____

Health Plan Carrier: _____ Policy Number: _____

Family Doctor: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

MEDICAL RELEASE

I certify the above information is correct and I have read the LIABILITY WAIVER AND RELEASE on the reverse side and understand its contents. I agree to its terms and sign this of my own free act and deed.

In an emergency, I do hereby give my permission to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary to hospitalize, anesthetize, diagnostically test, or perform surgery.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: (If under 18 years old) _____

Parent/Guardian Printed Name (If under 18 years old) _____

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Liability Waiver, Release, and Authorization To Consent Form – Page 2

In consideration of being allowed to participate in with Medicine in Mission, Chesterland, OH; and in consideration of the benefits derived therefrom, I on my behalf and, if applicable, on behalf of the Minor named on the reverse side (the "Minor") hereby release Medicine in Mission and their present and former trustees, officers, directors, boards, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all demands, actions, suits, proceedings, damages, claims and liabilities of any kind, whether known or unknown, which arise from or are connected with my or the Minor's participation in the event.

I am aware that in addition to typical activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions; that I or the Minor may participate in various other activities that may involve some risks, such as service projects and recreational activities. I have read the informational materials about this Event and the site and understand the risks involved in the planned activities. I recognize that the conditions, equipment or standards in some of the places which I or the Minor will travel may not be of the same quality level or standards as the conditions, equipment or standards to which I am accustomed. I realize further that there are certain health risks as well as other risks to me or the Minor and our property. I enter into participation in this Event with knowledge of those risks and acceptance of responsibility for any harm, injury or damage resulting therefrom. If for any reason I am unable to complete my stay at the Event, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or the Minor, to consent to: any x-ray, examination; medical dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect to be contacted or my family contacted as soon as possible.

I understand that this document constitutes a full and complete waiver and release of any and all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my or the Minor's participation in the Event.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected risks, damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those not disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless Medicine in Mission, and their agents, servants, successors, assigns, boards, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or the Minor or on our behalf, related to or resulting from any occurrence, act or omission during the Mission, or travel to and from the Mission location.

I also hereby release and waive any and all claims for liability against any of the host churches, host institutions and the employees, agents, officers, directors, shareholders, contractors and assigns of such host church or host institution or the owner of any sites that I or the Minor may be at during the Mission trip.

By acceptance of participation in the Mission, the undersigned agrees to the foregoing and also agrees that Medicine in Mission and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation, equipment, strikes, acts of war or insurrection, natural disasters, fire, delays, theft or itinerary or schedule changes or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.