



Release of Claim

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Passport Number: _____ Sex: _____ Occupation: _____

Church/Organization Name: _____ Phone: _____

Who should we contact in case of an emergency?

Name: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Statement of Activities and Release

I hereby release and discharge Twelve Churches, Inc. and the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the missions organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of mission service. I intend to be legally bound by this statement.

I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

Witness whereof, I have executed this agreement and this release at _____

Date _____ Signature _____



MEDICAL INFORMATION AND RELEASE FORM

Mission Team Leader: _____

Date of Trip: _____

Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

_____ Date of Birth: _____

I, _____, will be traveling to Nicaragua to minister with Twelve Churches, Inc. to the people in and around Leon. If I need medical attention, I give the Twelve Churches staff the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization release the physician, dentist, person rendering such care at the hospital or institution in which such care is given and Twelve Churches from any liability resulting from the failure of me signing a consent or authorization to render such care. It is the intent that Twelve Churches' staff shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by Twelve Churches' staff. I understand that this form is in effect from the departure of the intern to arrival back to the city of departure.

MEDICAL HISTORY INFORMATION:

1. Do you have any physical limitations or emotional disorders? Please explain.
2. Do you have any medical problems? If so, list them.
3. Have you had major surgery in the past 12 months? If so, explain.



4. Are you presently taking any prescription or non-prescription medicine on a regular basis? If so, list.

5. Are you allergic to any medication or food? If so, list. Are there special medications, dosages, and instructions for this allergy? If you are allergic to a food, please make the staff aware of this upon your arrival-or before if needed.

Date of last Tetanus _____
Participant's Physician _____ Phone _____
Medical Insurance Provider _____
Phone _____ Policy Number _____ Group Number _____

Who should be contacted in case of emergency?

Name _____ Home Phone _____
Work Phone _____ Mobile Phone _____

Signature _____ Date _____
Signature of parent _____ Date _____
(if youth under 18)

Notarization of Medical Release Form

Attention Notary Public: You are notarizing the signature of the parent if this intern is under the age of 18.

State of _____
County of _____

On this _____ day of _____, 20__, before me personally appeared _____ personally known to me (or providing the following identification) _____ and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary signature _____

My commission expires _____