

MEDICAL INFORMATION & CHECKLIST

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Mobile: _____ Other: _____ E-mail: _____

Date of Birth: _____ Passport Number: _____ Expiration Date: _____

In Case of Emergency Notify:

Name: _____ Relationship: _____

Mobile Number: _____ Other: _____ E-mail Address: _____

Name: _____ Relationship: _____

Mobile Number: _____ Other: _____ E-mail Address: _____

Physician: _____ Phone Number: _____

Health Insurance Company: _____ Policy/Group Number: _____

Name of person Insured: _____ ** Copy of card must be attached

NOTE: Out-of-country medical facilities often do not recognize out-of-country insurance providers.

Emergency funds

may be brought with the team in the event of medical emergencies. Reimbursement is owed to RCCHC

one week after our return to the U.S.

Explain any medical restrictions, allergies, limitations, or disabilities that require special consideration or attention:

List any medications you presently take:

CONSENT FOR MEDICAL TREATMENT

RELEASE AND HOLD-HARMLESS FOR TRAVEL

WHEREAS, (I) _____ wishes to be a member of Riverside Community Church Hill Country (RCCHC) wish to participate in _____ (activity) that will be located in _____ (location of activity), from the dates of ___/___/___ & ___/___/___ and WHEREAS, certain circumstances and situations may occur resulting in (my child's, my) need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for (myself) to participate in said activity. I _____, being of legal age, authorize RCCHC, or any agent of RCCHC, to act in (my) behalf should I be unable to do so and to consent to reasonable 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 child's, my) medical well- being for the duration of the mission.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's, my) behalf.
3. Any consent by RCCHC shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal health insurance (Must provide **proof** of medical insurance.), **with no territorial limitation**, including foreign countries, which will provide coverage for (my child/me) throughout the duration of said mission.
5. I am aware that serious illness requiring return by air ambulance could cost more than \$10,000. I agree that I am solely responsible for any expenses that may arise from (my child's, my) return by air ambulance or other extraordinary means.
6. I hereby release and hold harmless RCCHC, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of (my) participation in this trip.

Missionary's signature

Date

State of _____

County of _____

Before me, the undersigned, a Notary Public in and for said county and state on, _____, 20 _____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me

that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth.

Given under my hand and seal of office the day and year above written.

My Commission expires: _____, _____
Notary public

Notary Seal

LIABILITY RELEASE

WARNING: THIS IS COMPLETE RELEASE OF ANY POTENTIAL CLAIMS

I, _____ HEREBY DECLARE:

I am 18 years of age or older. I am in good health and have received or will be receiving all immunizations recommended by my county or state health department for travel in the countries or areas to be visited on this trip.

I acknowledge that travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, van, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel.

I acknowledge that Riverside Community Church Hill Country does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I acknowledge that Riverside Community Church Hill Country does not carry any insurance other than the emergency medical insurance noted in the acceptance letter, and I acknowledge that RCCHC has advised me that they do not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that RCCHC has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

Please carefully read the next page and sign below

**IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS A RIVERSIDE
COMMUNITY CHURCH**

TEAM MEMBER:

(Please initial each paragraph)

Initial: _____ I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE.

Initial: _____ I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY RIVERSIDE COMMUNITY CHURCH (RCCHC), ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER.

Initial: _____ I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY.

Initial: _____ I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER(S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT.

Initial: _____ I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION.

Initial: _____ I AUTHORIZE RCCHC TO ARRANGE FOR TRANSPORTATION, FOOD, AND LODGING FOR ME ON THIS TRIP.

Initial: _____ I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS.

Initial: _____ I HEREBY MAKE EACH OF THE ABOVE STATEMENTS, ACKNOWLEDGEMENTS, AUTHORIZATIONS, RELEASES, DISCHARGES, HOLD HARMLESS AGREEMENTS, INDEMNITIES AND OTHER AGREEMENTS ON BEHALF OF MY MINOR CHILD OR CHILDREN, ACCOMPANYING ME OR PARTICIPATING ALONE ON THIS TRIP WHOSE NAME(S) APPEAR(S) BELOW, AND AGREE THAT THEY SHALL BE BINDING ON EACH MINOR CHILD, HIS HEIRS, SUCCESSORS AND ASSIGNS:

I HAVE READ CAREFULLY AND UNDERSTAND THIS LIABILITY RELEASE. I AM AWARE THAT I AM GIVING UP IMPORTANT LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL.

SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____

FULL ADDRESS: _____

PHOTO AND MEDIA RELEASE FORM

I hereby grant Riverside Community Church Hill Country and its affiliate ministries permission to use my/my dependent(s) (indicated below) likeness in a photograph, video, audio recordings, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Riverside Community Church Hill Country and will not be returned. I also understand that once an image is posted on the website or other online platform, the image can be downloaded by any computer user, anywhere in the world. The church commits to eliminating any identifying information including name and age from the publication.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO AND MEDIA RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

Signature: _____ Phone: _____

Address: _____ Email: _____