



2019 Mission Trip Registration

<p>Personal Information</p> <p style="text-align: center;">Student / Sponsor (circle one)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Date of Birth: _____ Age: _____</p> <p>Gender: Male / Female (circle one)</p> <p>Grade Fall 2019 (if applicable) _____</p>	<p>Contact Information</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Emergency Contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Cell Phone: _____</p>
<p>Medical Information</p> <p>Medical Insurance Co: _____</p> <p>Policy No: _____</p> <p>Phone No: _____</p> <p>Physical Limitations: Asthma, Migraines, etc</p> <p>_____</p>	<p>Allergies</p> <p>Medicine: _____</p> <p>Food: _____</p> <p>Other: (Bees, Latex, etc) _____</p> <p>Other Important Info: _____</p> <p>_____</p>
<p>Medications Name/Dosage/Reason Prescribed:</p> <p>(Attach list on separate sheet if necessary.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Group Information</p> <p>Church Name: _____</p> <p>Address: _____</p> <p>Church City: _____</p> <p>Church State, Zip: _____</p> <p>Pastor/Team Leader: _____</p> <p>Small Group Leader: _____</p> <p>(if applicable)</p>

Mission Trip Registration Authorizations/Releases

Mission Team Member's Name: _____

Authorization for Emergency Care

(Choose one)

____ I, the **undersigned parent/legal guardian of the aforementioned minor**, hereby authorize Mobile Missions Network, it's staff, employees, sponsors, volunteers, etc to seek and authorize, in my absence, any and all emergency medical care necessary from any licensed physician, nurse practitioner, EMT, etc in any medical facility that is licensed by the state in which the facility is located.

____ I, the **undersigned adult sponsor**, in the event I am unable to seek care on my own, hereby authorize Mobile Missions Network, it's staff, employees, sponsors, volunteers, etc to seek and authorize any and all emergency medical care provided by any licensed physician, nurse practitioner, EMT, etc in any medical facility that is licensed by the state in which the facility is located.

Waiver and Release of Liability

This Waiver and Release of Liability releases, holds harmless and indemnifies Mobile Missions Network (hereinafter MMN) and its affiliates, associates, officers, employees, agents, directors, volunteers, representatives, sponsors AND the Host Church providing lodging facilities, its pastors, officers, employees, volunteers, and any others (hereinafter Releasees) who may or could be liable for any claims, losses, liability, damage, injury to person or property, medical bills, loss or theft of property, or any other loss or claim the undersigned have or could have as a result of any alleged incident, act and/or omission of any kind or character, any allegations of any kind, including, but not limited to, negligence or breach of duty. The undersigned hereby agrees to hold harmless, indemnify and defend Releasees from claim, damage, injury, loss or suit, including any claims by third parties and agree to indemnify Releasees for any loss or liability arising out of any MMN activity regardless of location of said activity to include travel to and from mission sites for said activities even if MMN, its agents, employees, directors, volunteers or associates are negligent or alleged to be negligent. This waiver and release also applies to the heirs, agents and assigns of the undersigned and the above named minor child, if applicable.

Date: _____

Name: _____

Signature: _____