

The Isaiah Connection
Medical / Liability Form

Participant Name: _____

Date of Birth: _____ Grade (if applicable): _____

Mission Location: _____ Dates: _____

1. I acknowledge that _____ (to be further referred to as the "Participant") desires to participate in the mission trip stated above (to be further referred to as the "Trip"). I also acknowledge that ***The Isaiah Connection*** sponsors the Trip.
2. I acknowledge that this Trip may require transportation to and from various locations.
3. I hereby give consent, permission and authorization for ***The Isaiah Connection*** to transport the Participant to and from the designated Trip meeting place and during the course of the Trip.
4. I give consent, permission and authorization for the Participant to ride in any vehicle deemed suitable by those representing ***The Isaiah Connection*** while attending and taking part in the Trip.
5. In the event the Participant is injured while taking part in the Trip, or while being transported, I do hereby give consent, permission, and authorization to any reasonable medical treatment as deemed necessary and rendered under the general supervision and the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.
6. I acknowledge that I, the undersigned, will be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the Participant pursuant to this Authorization.
7. I understand that should it be necessary for the Participant to be transported home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
8. I understand that there are inherent risks involved in any mission trip, and I hereby release ***The Isaiah Connection*** its staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with ***The Isaiah Connection***. Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker[®] Ministries (complete text of the Rules is available at www.HisPeace.org). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their rights to file a lawsuit in any civil court against one another for such disputes except to enforce an arbitration decision.

Check here if you do NOT want your image used in marketing or promotional materials for ***The Isaiah Connection***. This includes both photographic and video images.

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Participant's Medical Information

Medications/Prescription Drugs Currently Taking (list all and frequency of dose):

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|--|
| |
| |
| |

Participant's Allergies (list all – include dietary requirements):

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|--|
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| |

List any major illness or surgeries the Participant has had in the past two years:

| |
|--|
| |
| |
| |

Date of most recent Tetanus shot: _____

Medical Insurance Company: _____

Company Address: _____

Insurance Policy Number: _____

Emergency Contact Name: _____

Emergency Contact Home Number: _____

Work Number: _____

Cell Number: _____

Relation to Emergency Contact Person: _____

Doctor's Name and Phone Number: _____

Signatures

Print Participant's Name

Participant's Signature

Date

Social Security #:

Home Address:

Home Phone Number:

If Participant is under the age of eighteen (18) or otherwise legally unable to enter into a contractual agreement:

Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date

Parent/Guardian Cell / Work phone (list all):

