



Mission Trip Medical and Media Release Form

Personal Information

Name:

Address: _____

Email: _____

Phone: _____

Emergency Information

Name of emergency contact:

Phone: _____

Relationship: _____

Email: _____

List any allergies, illnesses, physical conditions, or current medications:

Are you covered by personal/family medical insurance? Yes No

If yes, name of insurer:

Policy or group number:

- I acknowledge that participation in this trip involves risk to the individual listed above and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, emotional injury, personal injury, death, property damage and financial damage
- I accept the risks of injury associated with participation in the trip
- I accept personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to me that is authorized by the Trip representatives and/or Team leaders

Media Use Agreement

- I authorize Passion Center for Children to use film photography, video photography, audio recording or other documentation captured of me, or images under my ownership, for media publication (promotional materials, social media, print media, audio/visual presentations and/or other similar uses)
- My consent is given without expecting payment

By signing below, I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child. I further agree to immediately notify team leadership of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the participant's parent(s) or guardian(s) if the participant is a minor).

Printed name: _____

Signature: _____ Date: _____

Parent/guardian (if participant is a minor) Printed name:

Signature: _____ Date: _____