



NICARAGUA Short-Term Mission Trip

****Please complete a form for every member of the team. Thank you! ****

Name as it appears on passport:

Name for name tag purposes:

Home Address:

City:

State:

Zip:

Date of Birth:

Passport Number:

Home Phone:

Cell Phone:

Email:

Blood Type (if known):

Emergency Contact 1:

Relationship:

Phone:

Emergency Contact 2:

Phone:

Any food issues (e.g., vegetarian, gluten intolerant):

Any health issues (for example: food/medicine allergies, physical limitations/restrictions).

Please also list any prescription medicine you take:

Primary Medical Insurance.

Insurance Company:

Policy or ID number:

Name of primary insured:

Insurance contact phone number(s):

Nicaragua short-term mission trip, part 2

I understand that traveling abroad has specific risks including, but not limited to, political unrest, natural disasters, and terrorism, and do hereby release and hold harmless Grace Bible Church of Bozeman, MT, its officers and board members, its staff and all adult sponsors of this mission trip from any and every claim arising or which may be asserted by me or any of my family members, by reason of my participation in any activities or travel associated with this trip, including any claims for personal injury or loss of valuables of any kind.

I also understand that due to these factors it may be necessary to change travel itineraries and locations at the discretion of Grace Bible Church.

I authorize Grace Bible Church, its staff and all adult sponsors of this mission trip, in the event of emergency, to give consent to a physician and/or hospital for emergency medical treatment, x-rays, surgery, prescriptions or other medical treatment on my behalf, while on the mission trip. This includes ibuprofen, if the child should become seriously overheated. I understand that I (in conjunction with my personal medical insurance) will assume any financial responsibility for any expenses that may be incurred for such medical treatment. Please initial to confirm consent:

I do hereby release and hold harmless Grace Bible Church, its officers and board members, its staff and all adult sponsors of this mission trip, in the event that I should acquire any diseases in the course of this trip, including, but not limited to malaria, typhoid, dengue fever, etc.

Personal items are the responsibility of the individual. I release from liability and hold harmless Grace Bible Church, its officers and board members, its staff and all adult sponsors of this trip for personal and consequential losses, including but not limited to theft of private property such as cameras, jewellery, retainers, contact lenses or glasses, medical devices or medicines, laptops, tablets, cellphones - or charges incurred through their use. Note: data/roaming charges for cellphones can be thousands of dollars. **If any participant incurs expenses associated with the use of their phone, it is the sole responsibility of the phone's owner.**

Participants are reminded to take ample supplies of any required prescription medications, eyeglasses rather than contacts if possible (to avoid eye infections), sunscreen, hats, and insect repellent. Female participants are reminded to take feminine hygiene products as local availability cannot be guaranteed

Today's Date:

Signature:

Must be 18 years or older to sign for yourself; otherwise parent or legal guardian must sign

Directions: You may either print a hard copy of this form and return it to Pastor Jon by Sunday, July 2 - OR, you can save it to your computer giving it the student's name. (That saves the completed form; not just a blank document). You can then attach and send the the completed form by email to jon.montoya@gbcmt.org.