



### Mission Participant Registration/Information Form

Mission Location: \_\_\_\_\_ Date of Mission Trip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### Medical Information and Release

**Coverage:** I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participating in a **CROSS** Project and to cover bodily injury or property damage caused to a third party as a result of my participation in a **CROSS** Project, as follows:

Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Company's Address \_\_\_\_\_

**Medical Release:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance.

I \_\_\_\_\_ (volunteer's name), authorize \_\_\_\_\_ (team leader) to consent if at any time during my participation in a **CROSS** Project I need emergency medical care and am not able to give consent because of my physical or mental condition.

I consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above and further authorize the release of medical information from my personal medical records for the purpose of my medical care.

#### Person to Be Notified in Case of Injury:

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Telephone \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime)

**Photo Use:** I give permission for pictures/digital images of me to be taken during the mission. YES \_\_\_\_\_ NO \_\_\_\_\_

**Christian Conduct:** I understand that team members must be flexible, cooperative, and cheerful. I agree to cooperate at all times with the team leader, team members, and the host agency concerning daily assignments, food, lodging, and transportation. I agree to stay with the team from beginning to end, to abstain from the use of alcohol and tobacco while on the mission trip, to conduct myself in an appropriate Christian manner, and to share my faith to the best of my ability.

**Liability Release Form:** I understand that I am about to embark on travel into circumstances with unknown personal safety and/or sanitary conditions. I understand that there is inherent risk in the activity which I am undertaking. Because I understand the inherent risk in this undertaking, I agree to release and hold harmless **The CROSS's Coalition** and its members (Plymouth, Edenton, Hertford and All God's Children United Methodist Churches), noted as **CROSS**, the mission site leaders, the host agency, the North Carolina Conference of the United Methodist Church and any related agency, general church agency, conference, district, local church, member, employee or agent from any liability for personal injury, damages, loss, accidents, and/or delays resulting from my participation in the **CROSS** project. This release is given in consideration of **CROSS's** efforts in making arrangements for my participation. This release is intended to bind me, my heirs, and personal representatives.

(If participant is under 18 years of age, parent/guardian must also sign this form.)

By signing below, I confirm that I agree to comply with all the above.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_