

DIRECTIONS: Complete form (one per person) and submit to The Commons.

**\*\*We require each Participant to have a current tetanus vaccination.\*\***

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diabetes: ☐ Fainting Spells: ☐ Epilepsy: ☐ Hepatitis: ☐ High Blood Pressure: ☐

Asthma: ☐ Bleeding/Clotting Disorder: ☐ Heart Defect/Disease: ☐ Other: ☐

Please explain: \_\_\_\_\_

Tetanus Vaccination Current: Y ☐ N ☐

Any Activity Restrictions? \_\_\_\_\_

Emergency Phone Numbers: (Please list two, including name and relationship to Participant)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent for Emergency Medical Treatment

I hereby authorize any The Commons and Amor Ministries representative to procure emergency medical, hospital, or dental care on my behalf in the event of an injury or illness while I am participating on the Mission Trip coordinated through The Commons and Amor Ministries. I also authorize any The Commons and/or Amor Ministries representative to act on my behalf and as my agent to consent to any medical treatment including x-ray, examination, medical, dental or surgical diagnosis and hospital care that is deemed advisable by and will be rendered under the supervision of a physician, surgeon or other qualified health care professional licensed or certified to provide such care in the applicable jurisdiction. I understand and agree that I am

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN—Required if the above Participant is under 18 years old**

I am the parent or legal guardian of the above Participant. As the parent or legal guardian of the above Participant, I am responsible for the health care decisions of the Participant and am authorized to consent to any treatment or care to be provided to the Participant. By signing below, I hereby authorize any The Commons and/or Amor Ministries representative to procure emergency medical, hospital or dental care for the Participant in the event of an injury or illness which occurs while Participant is participating on the Mission Trip. I also authorize any The Commons and/or Amor Ministries representative to act on my behalf and as my agent to consent to any medical treatment of the Participant that is deemed advisable by and will be rendered under the supervision of a physician, surgeon or other qualified healthcare professional licensed or certified to provide such care in the applicable jurisdiction. I further agree to pay all charges for any care, procedure or treatment provided to Participant. I represent that my consent to and agreement to pay for such treatment

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent or Legal Guardian

Name: \_\_\_\_\_  
Please print



**Mexico Trip Liability Release and Hold Harmless Agreement- Adults**

I understand that the \_\_\_\_\_ Mexico trip entails risks and dangers. I will be travelling abroad and will be working on construction sites, often under challenging conditions. I will be living in a camp with limited creature comforts. I acknowledge that I am assuming sole responsibility for the risks of any sickness, injury or loss of property that I suffer during this trip.

The risks and injuries inherent to the Mexico trip include but are not limited to:

- injuries occurring during travel to and from Mexico and while travelling to and from the work sites;
- the risks inherent in being on a construction work site, particularly in a third world environment, which include but are not limited to injuries caused by: other workers, site conditions and debris, construction materials and tools;
- risks presented by other third parties while in Mexico;
- the risks of injury or illness presented by living in the simple conditions in the camp used while in Mexico.

I understand and appreciate the hazards inherent in the Mexico trip and I release \_\_\_\_\_ and its agents, employees and volunteers from any potential liability arising out of any injury or illness, including death, I may suffer as a result of participating in the Mexico trip.

I further acknowledge that I am signing an important legal document by which I am giving up potentially valuable legal rights. I further represent that I am capable and authorized to execute this agreement and agree to hold \_\_\_\_\_ and its agents, employees and volunteers harmless for any costs or liabilities they may incur as a result of my lacking authority or capacity to execute this agreement.

Signature: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Participant Name (Printed)