



EMERGENCY AND MEDICAL INFORMATION

When traveling outside of the United States, your insurance will need to cover you internationally as well. Please complete this form and return original to your Team Leader.

Your Name: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

INSURANCE INFORMATION

Company: _____ Policy Type: _____

Policy #: _____ SS #: _____

MEDICAL INFORMATION

Will you be bringing any prescription medication on the trip? _____ Please list medication and condition

Date of last tetanus shot (this must be up to date, less than 10 years old): _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Other conditions of which Esperanza de Ana or a treating physician should be aware: _____

RELEASE

AGREEMENT TO FOLLOW SAFETY GUIDELINES AND POLICIES

My submission of this form acknowledges that I understand that I will be expected to follow all Esperanza de Ana safety guidelines and policies. If I repeatedly refuse to follow these guidelines I understand that I may be dismissed from the trip. If such a situation develops, and the Esperanza de Ana staff decides that I should be dismissed from the trip and returned home, I acknowledge and accept full responsibility for payment of all additional expenses incurred.



HOLD HARMLESS AND RELEASE

In case of unconsciousness, or inability to release myself for medical treatment resulting from an accident on the Esperanza de Ana project which requires medical attention, I give my permission to Esperanza de Ana, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to hospitalize, anesthetize, or perform surgery on me as is required.

I release and forever discharge Esperanza de Ana, and their respective directors, officers, employees, volunteers and agents from liability for acts or omissions, including negligent acts or omissions, causing damage, loss, injury or death to me while participating in the missions trip.

I also agree to indemnify and hold Esperanza de Ana, and their respective directors, officers, employees, volunteers and agents harmless from any and all liability, including liability for negligence, arising in conjunction with or resulting from my participation in the missions trip. This indemnity also includes fees and expenses incurred by Esperanza de Ana.

USE OF LIKENESS

I give my permission to Esperanza de Ana to use any oral or written comments made by, and any photographs or videos taken of, myself for promotional purposes.

I HAVE READ, AGREE TO, AND UNDERSTAND ALL THE TERMS IN THIS DOCUMENT. THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT ALL THE TERMS IN THIS DOCUMENT APPLY TO THE ESPERANZA DE ANA MISSIONS TRIP. MY SIGNATURE BELOW SIGNIFIES APPROVAL OF ALL INFORMATION AND TERMS LISTED.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Witness: _____ **Date:** _____