



Medical Information

How do you rate your present Health ? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

Are you currently under a doctor's care for any major conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Do you have any physical limitations and /or disabilities that we need to be aware of?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Are you currently taking any Medications ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

and specify what it is for : \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Church that you are attending ( if any ) \_\_\_\_\_

Reference Information

Name : \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

I hereby release Mission to Haiti Canada and all persons that are associated with this organization, either in Canada, on the field or in the U.S.A., from any liability for health impairment or bodily injury as a result of pre-existing health conditions. I, myself, will be responsible, while volunteering on a mission team, for monitoring and managing all aspects of any pre-existing conditions.

Signed : \_\_\_\_\_

Signed by Guardian if applicant is under 18: \_\_\_\_\_

Dated : \_\_\_\_\_

# Mission to Haiti Canada

## Mission Team Waiver and Release Form

In consideration of being allowed to participate in the trip sponsored by Mission to Haiti Canada and in consideration of the benefits to be derived there from, I hereby release Mission to Haiti Canada and its present and former officers, directors, employees, agents and their heirs, administrators, executors, successors and assigns from all claims and liabilities of any kind, where known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor children, in the trip.

I recognize that the conditions in some of the places to which my minor child or I will travel, are not of the same standard as the conditions to which I am accustomed to. I realize further that there are certain health risks as well as other risks to personnel and property and I enter into participation in this trip and agree to the participation of my minor child or I with the knowledge of those risks. If for any reason my minor child or I am unable to complete the planned stay at the project, I assume full responsibility for expenses incurred for me or my child's safe return home.

In the event of an emergency, and I am incapacitated to make my own decisions I hereby authorize a leader of this activity, as an agent for me or my child to consent to: any x-ray examinations, medical, dental or surgical diagnosis treatment, hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practise under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I certify that I am of a lawful age and competent to sign this Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damage, arising out of my participation in this trip.

I understand that this Release applies to, covers and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof; which result from the matters herein before implied as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me. Should any dispute or controversy arise, I agree to seek resolution according to Biblical principals.

Name of Participant : \_\_\_\_\_

Name of the Signer of this Document  
( Participant or Guardian ) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_