

RELEASE AND EMERGENCY CONTACT FORMS

TEAM MEMBER'S NAME: _____

I hereby release all leaders and organizations involved with this trip from any and all legal responsibility. I waive all my rights to any form of legal reprisal resulting from sickness, injury, or even death that occur due to this trip. I realize that there may be hazards and that I may encounter living conditions that are challenging for me. I release to all parties concerned my permission for medical treatment, emergency surgery or hospitalization as the need arises. I further assume the responsibility for any and all medical bills for reasons stated herein.

Date: _____ Signature: _____

Parent or Legal Guardian (only if under 18 years old)

Signature: _____ Print Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Name of Contact # 1: _____

Address: _____

Home Phone # : _____ Cell Phone #: _____

E-mail Address # 1: _____

E-mail Address # 2: _____

Name of Contact # 2: _____

Address: _____

Home Phone # : _____ Cell Phone #: _____

E-mail Address # 1: _____

E-mail Address # 2: _____