



TRIP PERMISSION FORM

PERSONAL INFORMATION

Participant Name _____ DOB _____

Address _____ City/State/Zip _____

E-mail Address _____ Phone Number _____ Gender (M/F) _____

Passport Number (if travelling out of country) _____ Expiration Date (if travelling out of country) _____

Permanent Address (if different) _____ City/State/Zip _____

Guardian's Name (if participant is not an adult) _____

Guardian's Phone Number _____ Guardian's E-mail Address _____

PHOTO & VIDEO CONSENT

All participants on this trip give consent that any images or likenesses of participants may be used for promotional purposes or in promotional materials for HBCA or its ministries.

COMMUNITY COVENANT

As a member of this group I make a commitment to:

- Attend all required meetings both before and after the trip
- Conduct myself in a manner worthy of the Lord while on the trip
- Submit to the team leaders and those in authority
- Refrain from any behavior which may compromise my witness (i.e.: abusive language, drug use, alcohol consumption during the trip etc.)

Additionally, if at any time while on the trip my behavior constitutes a problem, the team leader has the authority to ask me to return home. Any additional costs incurred as a result of this action will be at my cost.

Participant Name _____ Date _____

Participant Signature _____

Parent/Guardian Name (if participant is under 18 years old) _____ Date _____

Parent/Guardian Signature (if participant is under 18 years old) _____



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WAIVER OF LIABILITY

Participant's Name

The undersigned certifies that the above-named person will be participating on a trip with Harvest Bible Chapel Annapolis (hereafter "HBCA"). The undersigned recognizes that there are risks involved in participating in a trip and hereby assume all risk of loss of possessions, injury, harm, damage, or death in connection with participation in the trip. I understand and agree that neither HBCA nor its elders, staff, representatives, leaders, or volunteers may be held liable in any way for loss of possessions, injury, harm, damage, or death that may occur to the above-named participant as a result of participation in this trip. To the fullest extent permitted by law, I agree to save and hold harmless HBCA, its elders, staff, representatives, leaders, and volunteers from any claim by the above-named participant, by the above-named participant's estate, heirs, successors, assigns, or other persons arising out of the above named participant's participation in the trip.

Name (Guardian's if participant is under 18 years old)

Date

Signature (Guardian's if participant is under 18 years old)

Date

MEDICAL RELEASE

Participant's Name

I, the undersigned, authorize HBCA through its elders, staff, representatives, or other leaders to render or obtain such emergency medical care or treatment for the above-named participant as may be necessary should any injury, harm, or accident occur to the above named participant while participating in the trip. I understand and acknowledge that HBCA does not provide health or medical insurance in connection with this trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with the above-named participant's participation in the trip.

Name (Guardian's if participant is under 18 years old)

Date

Signature (Guardian's if participant is under 18 years old)

Date

Witness Signature (preferred)

Date



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MEDICAL INFORMATION

Participant's Name _____

INSURANCE INFORMATION

Insurance Company _____

Insurance Company Phone # _____

Policy Holder _____

Relationship _____

Policy Number _____

Group Number _____

EMERGENCY CONTACT INFORMATION

Please provide contact information of two individuals not travelling with your group who may be contacted in the event of an emergency

In Case of Emergency Please Notify:

Name _____

Relationship _____

Phone Number _____

E-mail Address _____

Name _____

Relationship _____

Phone Number _____

E-mail Address _____



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Are immunizations up to date? Yes No

Date of last tetanus shot _____

List any allergies (foods, medications, bees, pollen, etc.) and reaction to these allergies:

1. _____
2. _____
3. _____

List any special dietary needs/requirements:

1. _____
2. _____
3. _____

Please list any medications you are currently taking:

1. _____
2. _____
3. _____

Do you have any health problems that might hinder you during this ministry trip?

1. _____
2. _____
3. _____