



Participant Information

Your Name

_____ (Exactly as it appears on your passport)

_____ Your full date of birth _____

Passport # (and country it was issued in if not USA)

_____ Home Address

_____ Email

_____ Cell phone

_____ Home phone

_____ Name of emergency contact

_____ Relationship _____ Email _____

Cell phone _____ Home phone _____

Your Doctor's name _____ Doctor's phone # _____

\$50.00 Non-refundable deposit required to register **Deposit included? Yes No**

Medical Information

Do you have any special medical conditions that might cause a problem during your time on the mission trip (allergies, blood pressure, etc.)? If "yes," specify.

Do you have any special dietary needs? If "yes," specify.

List all prescription medications you are taking.

Insurance carrier

(Make sure your policy covers you out of the U.S.)

Policy # _____ Group # _____

Insurance Contact Name _____ Phone # _____

In the event of a medical emergency, I hereby authorize the staff of FARM Haiti to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees. I am aware of the hazards and risks, to myself and property, associated with this mission trip. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies.

I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults, and personal property loss or damage associated with such risks.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, and limited or infrequent meals,

I am aware of the disease risks associated with foreign travel and I accept these risks.

I waive any and all claims for damages against , their leaders or their agents, arising from death, injury, illness, inconvenience, or property damage or loss occurring as a result of this mission trip for any reason including, but not limited to any negligent act or acts of FARM Haiti leaders or their agents which may in any way cause death, injury, illness, inconvenience, or property damage or loss to me. I have read this release in its entirety, understand its contents, and agree to them of my own free will.

Signed _____

Date _____