

JAMAICA MISSION TRIP Registration

Each team member needs to fill out this form and return to Missy at Our Savior's, along with a \$100 non-refundable deposit by **SUNDAY, MAY 23, 2010**. For questions, email Missy at missy@oslstillwater.org or call her at (651) 439-5704 ext. 15

TRIP DATES: Nov 8-15,2010

TEAM LEADER'S NAME: Missy Carmack

Name: _____
(Your FULL NAME as it appears on your driver's license and/or passport)

Address: _____

Home Phone: _____ Birth Date: _____

Cell Phone: _____ Age: _____ Sex: _____

Contact E-Mail: _____

Occupation/School: _____

Home Church: _____

Emergency Contact During Trip...

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

What talents and/or gifts do you have that you feel the Lord can use on this trip?

Medical History... Please indicate your general health:

Excellent____ Good____ Average____ Need Assistance____

What dietary needs or physical limitations do you have that the staff should know?

Are you currently on regular medication or under a doctor's care? Yes____ No____

If yes, please list/explain:

Please indicate any allergies you may have:

WAIVER

I, _____, HEREIN ACCEPT AND AGREE WITH THE MISSION OF ROBIN'S NEST AND FREELY AND VOLUNTARILY AGREE AS FOLLOWS:

I HEREBY RELEASE THE ROBIN'S NEST FROM ANY AND ALL LEGAL LIABILITY. I HEREBY WAIVE ALL MY RIGHTS OR CLAIM AGAINST THE ROBIN'S NEST OR ANY RELATED INDIVIDUAL OR ORGANIZATION, WHICH CLAIM MAY RESULT FROM SICKNESS, INJURY OR DEATH THAT MAY OCCUR ON/OR RELATED TO THIS TRIP. I FULLY REALIZE THAT THERE ARE HAZARDS, AND I AM FULLY ASSUMING THESE RISKS, INCLUDING BUT NOT LIMITED TO, HAZARDOUS TRAFFIC, POORLY CONSTRUCTED ROADS, SICKNESS AND DISEASE. I DO SPECIFICALLY RELEASE THE ROBIN'S NEST AND ALL CONCERNED FROM ANY CLAIM OF NEGLIGENCE. IN THE EVENT THAT I ATTEMPT TO MAKE A CLAIM IN VIOLATION OF MY RELEASE AND WAIVER AS HEREIN INDICATED, I HERBY AGREE TO, AND SHALL PAY, ALL LEGAL FEES AND COSTS INCURRED BY THE ROBIN'S NEST AND ANY INDIVIDUAL INVOLVED.

I HEREBY FURTHER ACKNOWLEDGE MY RESPONSIBILITY TO PROVIDE MY OWN INSURANCE COVERAGE FOR ANY AND ALL CLAIMS, INCLUDING BUT NOT LIMITED TO, MEDICAL, HOSPITALIZATION, LIFE, DISABILITY, DEATH, LOST BAGGAGE, LOST OR STOLEN PERSONAL PROPERTY, AND ANY AND ALL OTHER INSURANCE WHICH I MAY NEED OR DESIRE. I ALSO HEREBY RELEASE THE ROBIN'S NEST FROM ALL RESPONSIBILITY TO PROVIDE INSURANCE COVERAGE OF ANY AND ALL TYPES.

I AGREE TO ABIDE BY ALL LAWFUL RULES, REGULATIONS AND GUIDELINES AS SET FORTH BY THE ROBIN'S NEST AND TO ABIDE BY DECISIONS MADE BY THE STAFF, LEADERS AND THOSE IN AUTHORITY, WHICH DECISIONS ARE REASONABLE RELATED TO THEIR DUTIES AND PROPER UNDER APPLICABLE LAWS.

DATE: _____ SIGNATURE: _____
(PARTICIPANT)

DATE: _____ SIGNATURE: _____
(PARENT OR LEGAL GUARDIAN)