

# ZPC Mission Trip Application Form

**Personal Information: Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Cell:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_  
**DOB (mo/day/yr):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_ **Sex:** \_\_\_\_

## Medical Information:

**Date of last tetanus shot:** \_\_\_\_\_ (must be within the past ten years)

Check the appropriate blank if you have ever had any of the following apply to you.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Bee/Wasp reaction	Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hay Fever	Insurance Company: _____
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Penicillin Allergy	Policy Number: _____
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Diabetes	Name of your physician: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Trouble	Physician Phone Number: _____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Pregnant	
<input type="checkbox"/> Operation within the last year	<input type="checkbox"/> Other Allergies	

Regular Medication (BE SURE TO TAKE AN AMPLE SUPPLY OF YOUR REGULAR MEDICATIONS WITH YOU ON YOUR TRIP AND GET A WRITTEN PRESCRIPTION FROM YOUR DOCTOR.)

## Contact Information: (In case of an emergency)

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Cell:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Relationship:** \_\_\_\_\_

## Travel Information:

**Mission Trip Destination:** \_\_\_\_\_ **Dates of Mission Trip:** \_\_\_\_\_

**Mission Trip Leader:** \_\_\_\_\_

**Will your trip be outside the United States?**  Yes  No

If Yes, Please list your Passport Information:

**Your Name (as it is shown on your passport)** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Passport Expiration Date: (Month/Day/Year)** \_\_\_\_\_

(IT IS CRITICAL THAT YOU MAKE A COPY OF THE PORTION OF THE PASSPORT THAT INCLUDES YOUR PHOTO AND INFORMATION. GIVE THIS COPY TO YOUR TRIP LEADER! IN THE EVENT THAT YOUR PASSPORT IS STOLEN OR LOST, YOU CAN OBTAIN PERMISSION TO TRAVEL MUCH SOONER IF THE EMBASSY, ETC. HAS A COPY OF YOUR PASSPORT)

## Liability Waiver, Release, and understanding of my responsibility:

In consideration of being allowed to participate in the trip sponsored by Zionsville Presbyterian Church, I hereby release Zionsville Presbyterian Church from all claims and liabilities of any kind, whether known or unknown, which may arise from or are connected in any way with my participation of the participation of any member of my family, including my spouse or minor child, in the trip.

I recognize the conditions in some places to which I, my spouse, or my child will travel may not be of the same standard as the conditions to which I am accustomed. 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 spouse or minor child with knowledge of those risks. If for any reason my child is unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home.

In the event of an emergency, I hereby authorize the trip leader, as an agent for me or my spouse or my child to consent to: x-ray examination, medical, dental, or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered. I expect my family to be notified as soon as possible. I understand that an emergency health insurance policy will be paid for by ZPC while on the mission trip. This policy includes coverage for emergency air evacuation back to the U.S. if necessary. ( a copy of this policy is available upon request.)

Further, I understand that my trip leader has attempted to develop a trip financial budget that should cover trip expenses. I understand that if there are unforeseen expenses incurred for this trip, I may be responsible to contribute my share of the trip's additional costs when the trip is completed. I understand that the use of these funds is subject to the sole discretion and control of Zionsville Presbyterian Church and there will be no refunds of this donation.

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

**Adult Participant Release:** (I certify the information on this form is correct and I HAVE READ THE LIABILITY, RELEASE, and understanding of my responsibility. In an emergency I give my permission to a licensed hospitalize, anesthetize, or perform surgery as needed)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Participation/Guardian Release:** (As the parent/legal guardian of the above minor, I give my permission for him/her to participate in the mission trip mentioned. I certify the information on this form is correct and that I HAVE READ THE LIABILITY WAIVER & RELEASE. In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child. I understand that every reasonable effort will be made to contact me before these actions are taken)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_