

Project H.O.P.E., Inc. Mission Trip

DUE DATE:

(All information to be kept in separate, confidential file)

Dates of Trip: _____ Nicaragua or Haiti _____

Team Leader: _____

Name: (as it appears on passport) _____

Name: (for name tag purposes) _____ T-Shirt size: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Passport Number: _____

Home Phone: _____ Cell Phone: _____

Traveler's E-Mail: _____ Blood Type: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Is this your first trip with Project H.O.P.E.? Yes No

Allergies (food, medicine, etc.): _____

Medication (name, dosage, times, etc): _____

Physical limitations or other medical information that would be helpful: _____

(Use back for additional information)

Primary Medical Insurance

Insurance company: _____

Policy or ID number: _____

Name of primary insured: _____

Insurance contact number(s): _____

International Insurance

For your convenience, Project H.O.P.E., Inc. will secure international insurance for you on your upcoming project. The cost of the insurance is included in the price of your trip. The coverage amounts to \$500,000 maximum benefit with a \$100 deductible. (Detailed information about the policy can be found on our website at www.pjhope.org).

Please provide the following information:

Age at time of trip: _____ Insurance effective: (trip dates) _____ to _____
mm/dd/yy mm/dd/yy

I understand that traveling abroad has specific risks, including, but not limited to, political unrest, natural disasters, and terrorism, and do hereby release and hold harmless Project H.O.P.E., Inc., its directors, its staff members, and all adult sponsors of this mission trip from any and every claim arising or which may be asserted by me or any of my family members, by reason of my participating in any activities or travel associated with this mission trip, including any claims for personal injury or loss of valuables of any kind. I also understand that due to these factors, it may be necessary to change travel itineraries and locations at the discretion of Project H.O.P.E. Inc., its directors, its staff members, and the adult sponsors of this mission trip.

I authorize Project H.O.P.E., Inc., its directors, its staff members, and all adult sponsors of this mission trip, in case of emergency, to give consent to a physician and/or hospital for emergency medical treatment, x-rays, surgery, prescriptions or other medical treatment on my behalf, while on the mission trip. I understand that I (in conjunction with my personal medical insurance) will assume any financial responsibility for any expenses that may be incurred for such medical treatment. By signing below, I also attest that I have been provided with information concerning international medical insurance.

I hereby release and hold harmless Project H.O.P.E. Inc., its directors, its staff members, and all adult sponsors of this mission trip, in the event I should acquire any diseases in the course of this mission trip, including, but not limited to, malaria, typhoid, dengue fever, etc.

Signature: _____
(Parent/guardian must sign, if under 18)

Printed Name: _____ Date: _____

State of _____

(SS)

County of _____

This ___ day of _____, 20___, before me, the undersigned notary public, personally appeared _____, known to me to be the person who executed this document as his/her free act and deed.

Notary Public _____

My Commission expires: _____