

# 2017 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: \_\_\_\_\_

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 \$250 deductible. (Detailed information about the policy can be found on our website at [www.pjhope.org](http://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.

Date: \_\_\_\_\_

Notary: \_\_\_\_\_

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

County of: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_