

Rocky Mountain Conference of Seventh-day Adventists  
**Parental or Guardian Permission and Medical Release**

**THIS FORM IS TO BE FILLED OUT COMPLETELY AND SIGNED BY PARENT OR LEGAL GUARDIAN FOR EACH MINOR PARTICIPANT:**

**Name of Activity:** Mission Trip to La Vida Mission, NM

**Date of Activity:** March 4, 2018 to March 11, 2018

**Activities for this Event:**

Ground travel to and from location, building projects, week of prayer, VBS, visiting hot springs, sightseeing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant Information:**

Participant's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Birth \_\_\_\_\_

Birth Certificate Registration Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Country of Issue \_\_\_\_\_

Place of Passport Issuance \_\_\_\_\_ Date of Passport Issuance \_\_\_\_\_

**Parent or Legal Guardian Information:**

Participant's Parent or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Emergency Contact's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Care and Insurance Information**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY**

Have you had or do you currently have any heart problems? Yes No

Do you frequently suffer from pains in your chest? Yes No

Do you often feel faint or have spells of dizziness? Yes No

Has a doctor ever told you that you have high blood pressure? Yes No

Do you have arthritis, joint, or back problems that are aggravated by exercise? Yes No

Have you had any operations or serious injuries? Yes No

Do you have any physical disabilities or chronic recurring illness? Yes No

Do you have epilepsy or other seizure disorder? Yes No

Do you have diabetes? Yes No

Do you have asthma? Yes No

Do you have allergic reactions? Yes No

If yes, please list all allergies \_\_\_\_\_

Are you currently sick and/or using medication? Yes No

If yes, please list \_\_\_\_\_

Do you have any prescribed meal plan or dietary restrictions? Yes No

If yes, please describe \_\_\_\_\_

Are there any activities to be limited/discouraged by physicians' advice? Yes No

If yes, please list and explain \_\_\_\_\_

Please list/explain any additional medical information (use additional paper if required and attach to this page)

The undersigned acknowledges that the Conference relies on the accuracy of this information, without conducting any independent investigation, in allowing the Participant to participate in the activity.

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I (Parent or Legal Guardian) hereby give my permission for the child listed above (the "Participant") to attend the Mission Trip to La Vida Mission, NM with the Rocky Mountain Conference Youth Department. In exchange for Conference's agreement to allow Participant to participate in the Activity, I HEREBY AGREE NOT TO SUE the Rocky Mountain Conference of Seventh-day Adventists, Rocky Mountain Conference Youth Department, (the "Conference") any of its affiliated organizations and their successors in interest, affiliated organizations, insurance carriers, agents, directors, officers, employees, contractor and members (individually and collectively, the "Released Party") for any property damage, injury or loss to Participant, including death, which Participant may suffer, arising in whole or part out of or related to his/her participation in the Activity.

I agree to INDEMNIFY (REIMBURSE) each Released Party from and against any and all claims by me and the Participant and/or any third party arising in whole or part from his/her participation in the Activity. IN OTHER WORDS, IF I OR PARTICIPANT OR ANYONE ON OUR BEHALF FILES ANY LAWSUIT OR BRINGS ANY CLAIM FOR INJURY OR DAMAGE AGAINST RELEASED PARTY, WE WILL BE REQUIRED TO PAY BACK TO ALL RELEASED PARTIES ALL SUMS OF MONEY INCURRED BY, OR PAID BY OR ON BEHALF OF ANY OF ANY RELEASED PARTY ON ACCOUNT OF THE BRINGING OF SUCH SUIT OR CLAIM, INCLUDING ALL ATTORNEYS FEES AND COSTS.

I also (a) authorize a licensed physician and/or other medical care provider to carry out any emergency medical care for Participant; (b) authorize any Released Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed; (c) agree that, following Participant's transport to such hospital or facility, the Released Party shall not have any further responsibility other than to make a reasonable attempt to contact me or the person designated by me at the telephone number I provide to you to inform that person of the medical circumstances; (d) agree to pay all costs associated with the medical care and related transportation provided to Participant; and (e) shall indemnify and hold harmless the Released Party from any and all liability and/or claims associated with such medical care and/or related transportation.

I also authorize Conference to use the following personal information of Participant: (1) Participant's picture, including photographic, motion picture, and electronic (video) images, and (2) Participant's voice, including sound and video recordings and hereby grants to Conference, and to its licensees, successors and assigns, the right to use, publish and reproduce for all purposes Participant's voice, image and likeness in film or electronic form, sound and video recordings and in printed and electronic format the information and data described in (1) and (2) above in any and all media and uses and in all languages, media, formats and markets, both now known and subsequently devised and shall continue forever. I grant Conference all right, title and interest in and to all finished pictures, negatives, reproductions and copies of the original material and the right to give, sell, transfer and exhibit all such material and copies or facsimiles thereof for marketing, communications, or advertising purposes as Conference deems fit and waive the right to receive any payment for signing this release and to receive any payment for Conference's use of any of the material described in this paragraph.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**If joint custody, signature of both parents are required.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Colorado

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

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
(Notary's Official Signature)

Notary  
Seal

\_\_\_\_\_  
(Commission Expiration)

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Colorado

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

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_  
(Notary's Official Signature)

Notary  
Seal