

Adult Participant Form
For participants 18 or older
Instructions

Adult Participant: *YUGO Ministries & Calvary United Church must have all required forms (Individual Application, Medical Release Form and Consent/Liability Form) completed and turned in to their Mission & Outreach Team contact in order for a participant to take part on a YUGO Ministries & Calvary United Church mission trip. YUGO Ministries & Calvary United Church must have these forms due to insurance and legal reasons. If YUGO Ministries & Calvary United Church does not have the completed forms before the start date of a project the participant whose forms are incomplete or not turned in will not be allowed to participant on the mission trip. No refunds will be given for these persons.*

Please use blue or black ink (no pencils or gel pens). Complete all questions, being as thorough and specific as possible. Your signature is required on three different pages not including this page.

YUGO Ministries & Calvary United Church requires all adults (18 and older) to sign the Liability section of this form and have it notarized in order to participate on the mission trip.

Your signature must be notarized on the Liability section.

Insurance is required for the Mexico Mission Adventure project. This information must be included on the Medical Release section. If you need short term health insurance we suggest contacting your insurance company or banking institution for further information.

Please Note: We encourage you to make a copy of each completed page for your records. Give this completed form to your group leader. *Group Leader: Please mail all originals forms to your **Mission & Outreach Team contact** before the due date provided for your mission trip paperwork.*

All participants will need a current and valid passport . Obtaining a passport can be a slow process – please do not delay in obtaining one.

Participants please sign below to show you have read and understood all instructions for the Participant Application, Medical Release and Liability/Consent Form.

Participant Signature: _____ Date: _____

For Completion by all participants age 18 or older

Participant Name: _____ Emergency Contact: _____
Relationship: _____ Day Time Phone: _____
Evening Phone: _____ Cell Phone: _____

Insurance Information

Company: _____ Policy type: _____
Phone: _____ Policy #: _____

Project (other than Canada) participants must have insurance coverage outside Canada

Medical Information

List all prescription medication(s) you will bring on the project: _____

For what condition(s)? _____

Date of last tetanus shot (this must be within ten years): _____

Date of Hepatitis A inoculation (this is **not** required, but recommended): _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Have you fainted or passed out? _____ When? _____ Why? _____

Do you have any eating disorders? _____ If yes, have you ever received counselling? _____

Release

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident which requires medical attention, I _____, give my permission to YUGO Ministries & Calvary United Church, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetise, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless YUGO Ministries & Calvary United Church, and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my participation on the trip. It is the intention of this release that the above YUGO Ministries & Calvary United Church and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the project.

Participant Signature: _____ **Date:** _____

Province of _____, County of _____. Sworn to and subscribed to me this _____ day of _____, 20__.

Notary Public signature: _____ My commission expires: _____

Adult Liability and Medical Release

I, _____ in consideration of my acceptance as a participant
(Name)
on a mission trip sponsored by YUGO Ministries, of California United States & Calvary United Church,
Ontario Canada to Mexico.represent and agree that:
(Destination of Trip)

1. I am a participant and not an employee of YUGO Ministries & Calvary United Church.

2. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks subject to any insurance coverage that may be available to me from any source. With respect to YUGO Ministries & Calvary United Church and its agents, officers, volunteers, directors and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release YUGO Ministries & Calvary United Church and its agents, officers, directors, and employees from any liability that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28.)

3. I attest and certify that I have no medical conditions that would prevent me from performing my duties.

4. I expressly waive any defence to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

5. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that YUGO Ministries & Calvary United Church does not have any insurance coverage that would apply in the event of my illness, injury or death or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.

6. I expressly agree this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE OF MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Signature: _____ Date: _____

County of _____, Province of _____, Sworn to and

subscribed to me this _____ day of _____, 200_____.

Notary Public signature: _____ My commission expires _____

