



Application / Medical Release Form

TO PAY BY CREDIT CARD:
1. CONTACT OUR OFFICE
2. PAY ONLINE THROUGH
OUR WEBSITE

SCORE Trip Date: January 2-9, 2018 Group Name: Novation Church Country: Dominican Republic

Full Name: First _____ Middle _____ Last _____

(Name as it appears on your passport)

Address: _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Birthday: Month _____ Day _____ Year _____ Birthplace _____ Citizenship _____

Single Married Male Female U.S. Passport #: _____

T-Shirt Size (Youth SM-XL, Women SM-XXL, Men SM-XXXL): _____

FOR MINORS ONLY:

As the parent/legal guardian of _____, I request that in my absence, the named person be admitted to any hospital or medical facility for diagnosis and treatment.

All minors must carry a notarized Parental Consent Form with them to the airport.

Parent/Guardian Name: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email: _____

ADULT & MINOR MEDICAL RELEASE:

Emergency Contact: _____ Phone: _____

Please indicate any pertinent information we should have concerning any medical problems you may have:

Are you taking any medication that we should be aware of? _____

Are you allergic to any form of medication? _____ Other allergies _____

Food allergies _____

Do you have any history of heart problems? No Yes, what kind? _____

Insurance Company _____ Group # _____ Policy # _____

Primary Policy Holder's Name: _____

By signing below I acknowledge that SCORE International has my permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I also agree with the terms in the Policy and Procedure Manual.

[Read our Policy & Procedures Manual for travelers \(go to www.scoreintl.org/resources\)](http://www.scoreintl.org/resources)

Trip Participant (or Parent/Guardian) _____

(Signature required here)

Please Fax this form to SCORE International @ (423) 894-7303 or email to info@scoreinternational.org

Questions? Call our home office: (423) 894-7111



Mission Trip Participants – Release and Waiver of Liability

I, _____, will be participating in a short-term mission trip to the
DOMIMICAN REBUBLIC – JANUARY 2-9, 2018

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **NOVATION CHURCH** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **NOVATION CHURCH** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **NOVATION CHURCH**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **NOVATION CHURCH** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand and acknowledge that **NOVATION CHURCH** does not provide health or medical insurance in connection with the mission trip. However, **SCORE INTERNATIONAL** does purchase a supplemental Medical/Accident insurance policy that is included in the price of my trip. I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip. If such expenses are covered by the supplemental Medical/Accident insurance policy provided by **SCORE INTERNATIONAL** I will be responsible to file claims to receive benefits.

Signature _____ Date: _____

Printed Name _____

If participant is under the age of 18

Parent/Guardian Signature _____ Date: _____

Printed Name _____ Relationship to Participant: _____