



First Church of God Missions

Medical Release Form

Medical Information & Consent for Treatment

Medical Conditions: _____

Current Medications: _____

Allergies: _____ Special Diet: _____ Blood Type: _____

Date of Last Tetanus Shot: _____ Other Recent Immunizations: _____

Physician: _____ Dentist: _____

Health Insurance Provider: _____

Policy Number: _____ Insurance Company Phone: _____

I, _____, will notify the team leader(s) of First Church of God should I require medical attention. I will allow team leader(s) of First Church of God to secure the hospital, doctor, and anesthesiologist for emergency surgery and/or treatment if it becomes necessary for my life or safety.

Signature _____ Date: _____

Effective Until: _____

Personal Conduct Policy:

In keeping with a Biblical perspective of community, we expect each of our mission trip volunteers to abide by these rules for the duration of the trip, including travel and free time:

1. No possession or use of alcohol, drugs or tobacco is allowed.
2. No possession or use of weapons, firearms, fireworks, lighters or explosives is allowed.
3. Fighting and use of profane language is prohibited.
4. No offensive or immodest clothing.
5. Participation in all group activities is expected.
6. Respect of property and event schedules is expected.
7. Respect for other volunteers, staff and leaders is expected, along with respect and love for the people being served.
8. Volunteers who fail to abide by these rules may be sent home at their own cost.

I agree to live by these rules for the duration of my trip.

Volunteer Initials: _____

General Release, Waiver, and Assumption of Risk

Please read this general release, waiver, assumption of risk agreement CAREFULLY before signing it. It is a legal document which affects your legal rights. Consult an attorney if you have any questions before you sign it.

I, _____, acknowledge that I have applied to work as a volunteer with First Church of God. I am aware and acknowledge the work of First Church of God may involve hazards to my health or life and dangers which may include risk of injury, illness, or death. As a volunteer, I understand that there are additional dangers inherent in travel in foreign countries including but not limited to traveling in airplanes, the possibility that adequate medical facilities may be unavailable should I require them, being resident in and subject to the laws of another country, the chances for crime, terrorism, violence or political unrest as well as unsanitary health conditions and exposure to disease (i.e. hepatitis, malaria, cholera, polio, and others). I voluntarily agree to assume all of the above risks, and all other risks associated with my participation in the work of First Church of God, whether known or unknown. As consideration for being allowed by First Church of God to participate in its work, I hereby release and forever discharge First Church of God, their staff, leaders, employees, volunteers, attorneys, representatives, assigns and affiliates for any and all claims and demands of whatever kind or nature whether known or unknown that arise out of or are connected in any way whatsoever with my voluntary participation in the work of Refuge. I also hereby release and forever discharge First Church of God, their directors, officers, agents, employees, volunteers, attorneys, representatives, assigns, and affiliates for any and all claims and demands of whatever kind of nature, known or unknown, arising from or connected in any way whatsoever with any first aid, medical treatment or services rendered me during my participation in or in any way related to mission work. I understand and agree that I am not an employee of First Church of God. My work is voluntary only. I understand and agree that First Church of God is under no obligation to provide, and does not provide, workers compensation, or malpractice insurance, nor any other employee benefits of any kind. I understand and acknowledge that this agreement is a binding legal document that affects my legal rights and remedies. I understand that this agreement binds not only me but my spouse, children, heirs, representatives, distributes, guardians, and assigns. I understand and agree that this agreement is intended to be interpreted as broadly and inclusively as permitted under the laws for the State of Michigan. If legal proceedings are filed, I understand they will be tried only in the State of Michigan. I understand and agree that if any clause, sentence or provision of this agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the unenforceability or invalidity of such clause, sentence, or provision shall not affect the validity or enforceability of the remaining terms. I understand and agree that the terms of the agreement are contractual and are conditions precedent to my participation in the work of First Church of God and not mere recitals. I understand this agreement may only be modified in writing by both First Church of God representative and myself, and may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I HAVE HAD THE OPPORTUNITY FOR LEGAL REVIEW OF THIS BINDING DOCUMENT AND CHOOSE TO SIGN IT VOLUNTARILY, CREATING A LEGAL CONTRACT BETWEEN FIRST CHURCH OF GOD AND MYSELF.

SIGNATURE _____ DATE _____
EFFECTIVE UNTIL _____

To Be Filled out by Parent or Guardian of Minors:

I/We the undersigned have legal custody of the minor named above and have given our consent to him/her to attend this event being organized by First Church of God. We understand that there are inherent risks and I/we hereby release First Church of God from any and all liability for any injury, loss or damage to person or property that may occur during our child's involvement. In the event that treatment is needed, I/we authorize any reasonable medical treatment deemed necessary by a licensed physician and hold harmless First Church of God any claims, demands or suits for damages arising from this consent. I/We understand that we may be ultimately responsible for the cost of any medical cost that is not reimbursed by our health insurance provider. I/We affirm that the health insurance information provided above is accurate at this date. I/We also agree to bring my/our child home at my/our own expense should they become unnecessarily belligerent to our ministry leaders.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
EFFECTIVE UNTIL: _____