



Participant Release Form

I, _____, intend to participate in a mission trip with Dream514 on _____ (date).

I authorize the representatives of Dream514/Maury Hills Church to render or obtain emergency medical and/or dental treatment should any injury, harm, or accident occurs to me (the participant) while participating in this mission trip.

I understand and agree that Dream514/Maury Hills Church representatives or employees may not be held liable in any way for any occurrence in connection with this mission trip that may result in injury, harm, or other damages to me (the participant) or physical property.

I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this release by reading before I have signed it.

It is further warranted that if this release form is signed by one of two parents or guardians (if participant is under 18 years of age), it is with the authority of the other.

Travel to third world countries is inherently dangerous. Health and safety conditions are often primitive and unpredictable. I understand the potential risks and danger and willingly assume that risk, and hold harmless Dream514 or Maury Hills Church.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature (If participant is a minor):

Physical Address: _____

City/State/Zip: _____

Home Phone: _____ WorkPhone: _____

Cell Phone: _____ Email _____

Emergency Contact: _____ Phone: _____

Family Physican: _____ Phone: _____

Name as it appears on your passport: _____

Passport ID #: _____ Exp: _____

Date of Birth: _____

List any medication you are currently taking: _____

I have taken the following vaccines:

_____	Hepatitis A	_____	Date
_____	Hepatitis B	_____	Date
_____	Tetanus	_____	Date

Circle Areas of Desired Service: Nurse, Pharmacy, Nurse Practitioner, Physician, Work in Medical Clinic, Personal Work, Work with Children, Construction, Prison, Education Project, Other _____

Please complete form and return along with a

1) copy of your passport

2) copy of current insurance card

3) medical license

4) diploma

to:

Maury Hills Church Dream514

Attn: TripForms

101 Unity Lane

Columbia, TN 38401

(fax 931-796-5258)