

PARTICIPANT TRAVEL FORM

Note: All participants must complete this form and have it notarized to be eligible to participate in a Project. This form includes a Medical Release, Model Release, and Minor Release. **ALL SECTIONS MUST BE COMPLETED FOR ELIGIBILITY.**

Please print legibly.

Participant Info	Name (Last) _____ (First) _____		Date of Birth _____		Age _____	Sex _____
	Home Address _____		City _____		State _____	ZIP _____
	Cell Phone _____	Home Phone _____		Grade Completed _____		
	ID or Passport # _____	Country/State of Issue _____		Date of Expiration _____		
	Emergency Contact: _____	Email _____		Day Phone _____	Night Phone _____	
Project Info	Role (check one): <input type="checkbox"/> Youth Participant <input type="checkbox"/> Collegiate Participant <input type="checkbox"/> Adult Participant <input type="checkbox"/> Group Leader <input type="checkbox"/> Staff					
	Group Leader: _____ Project Location: _____ Travel Dates: _____ - _____					
Medical Profile	Generally, my health is (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
	If Fair or Poor , please explain your condition: _____					
	List any medical difficulties for which you are CURRENTLY being treated: _____					
	List any medication you are CURRENTLY taking: _____					
	List any medicines or substances to which you are ALLERGIC: _____					
	What over-the-counter medications would you allow GoStudents to administer to the Participant if needed (example: Tylenol, Ibuprofen, diarrhea, laxative, Benadryl, antihistamine, Pepto-Bismol)? _____					
	Family Physician: _____ Physician's Phone: _____					
Physician's Address: _____						
Date of Tetanus Immunization : _____ Date of Hep A Immunization : _____						
Authorization for Treatment/Release of Claims	I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Coordinator and the physician or hospital staff during the Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of, INSERT CHURCH, GoStudents I Network, Oklahoma Baptists, North American Mission Board, International Mission Board, Southern Baptist Convention, or any Oklahoma Baptists Partners from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). I understand that supplemental medical insurance is provided for each participant traveling outside of Oklahoma. Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.					
Participant Release	I, the undersigned, do hereby consent and authorize INSERT CHURCH, GoStudents I Network, Oklahoma Baptists, North American Mission Board, IMB of the Southern Baptist Convention, or any of its representatives, to use and reproduce photographs, film, video or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow those named above to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive any right that I may have to approve the photographs, film, video or other electronic imaging or background copy which may be used or to approve the use to which it may be applied.					
Recommendation	The _____ Church/Campus of _____ wholeheartedly recommends the above person to GoStudents as sound in his/her faith and spiritually equipped to serve on this volunteer project. Pastor/Leader Signature _____ Date _____					
Minor Release	I, the undersigned, do release my child to travel with the designated Group Leader to the designated location. I guarantee that my child is able to provide funds for the travel expenses and return to the U.S.					

Please complete and sign below (youth 17 and under requires both parent/custodial signatures).

Participant's Signature: _____ Date: _____

Father/Custodial Parent Signature: _____ Phone: _____ Date: _____

Mother/Custodial Parent Signature: _____ Phone: _____ Date: _____

Notary Public

On this ____ day of _____ month of 20____. Personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this ____ day of _____ 20 _____. My commission expires _____.

Notary Public