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, Image and Likeness Release, and Travel 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	

Role (check one): ___Youth Participant ___Collegiate Participant ___Adult Participant

Project Info

Coordinator: _____ Project Location: _____

Co-Coordinator: _____ Travel Dates: _____

Medical Profile

Generally, my health is (check one): ___ Excellent ___ Good ___ Fair ___Poor

If **Fair** or **Poor**, please explain your condition: _____

_____

List any operations/serious injuries (include dates) within the past five years: _____

_____

_____

Have you had contact with contagious or infectious diseases within the last four weeks? ____ yes _____ no

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 the Coordinator or Designee to administer to the Participant if needed (example: Tylenol, Ibuprofen, diarrheal, laxative, Benadryl, antihistamine, Pepto-Bismol)? _____

Family Physician: _____ Physician's Phone: _____

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 or Designee 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, _____ (church), GOStudents 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 the directors, employees, and agents of, _____ (church), GOStudents Network, Oklahoma Baptists, North American Mission Board, International Mission Board, Southern Baptist Convention, or any Oklahoma Baptists Partners, 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 Network as sound in his/her faith and spiritually equipped to serve on this volunteer project. **Pastor/Leader Signature** _____ Date _____

Travel Release

I, the undersigned, do authorize my child to travel with the assigned Coordinator or Designee to the Project 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 a parent/custodial signature) (both parent/custodial signatures required when applicable).

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