

Faith-Based Mission Trip Waiver and Release

Participant Information

Full Name

Address

City

State

Zip Code

Phone Number

Email

Emergency Contact

Contact Name

Phone Number

Relationship

Waiver and Release of Liability

Medical Information

Please list any allergies, medical conditions, or medications

Insurance Information

Insurance Provider

Policy Number

Signature

Date

Parent/Guardian Consent (if under 18)

Parent/Guardian Name

Parent/Guardian Signature

Date