



**PERSONAL INFORMATION**

**TRIP DATES:** \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**PERSONAL INFORMATION**

What is your religious affiliation? \_\_\_\_\_  
Share a brief testimony of your faith. \_\_\_\_\_  
(Add additional paper if necessary) \_\_\_\_\_

**PLEASE INITIAL YOUR AGREEMENT TO THE FOLLOWING STATEMENTS:**

I agree to be a representative member of IAM, a Christ-centered ministry. \_\_\_\_\_  
I agree to submit to IAM Leadership while on this trip. \_\_\_\_\_  
I agree to raise support for or pay for all fees associated with this trip. \_\_\_\_\_

Please attach a copy of your passport and any applicable medical licenses.

(For minors under age 18) I am aware of my child's interest in participating in this trip and give my permission for him/her to serve God in this manner. I assume responsibility for all costs incurred on my child's behalf which are related to this trip.

\_\_\_\_\_  
Signature/Parent Signature

\_\_\_\_\_  
Date



**MEDICAL INFORMATION**

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HEALTH INSURANCE \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

DATE OF LAST TETANUS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

HEALTH CONDITIONS \_\_\_\_\_

REGULAR MEDICATIONS TAKEN \_\_\_\_\_

WORK RESTRICTIONS \_\_\_\_\_

OTHER \_\_\_\_\_



**MEDICAL RELEASE FORM**  
**SHORT TERM MISSION TRIP**  
INTERNATIONAL ALLIED MISSIONS

I, the undersigned mission trip team member, \_\_\_\_\_ and, where applicable (for minor team members), parent or guardian, do hereby authorize the mission team leader and/or facilitator as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, surgical diagnosis, or treatments, and hospital care which is deemed advisable by and rendered under the general or special supervision of any licensed physician, and surgeon in the case of emergency or in such case that I do not have the capacity to render such a decision.

It is understood that this authorization is given in advance of any specific diagnostic treatment of hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment, deem advisable.

I also grant permission for medical treatment by team leaders for minor complaints not needing professional medical intervention, such as, but not limited to, headaches, insect bites, stomach problems, coughs, nasal congestion, cuts, and abrasions.

\_\_\_\_\_  
Team Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**RELEASE OF ALL CLAIMS  
SHORT TERM MISSION TRIP  
INTERNATIONAL ALLIED MISSIONS**

**WHEREAS**, the undersigned will be going to \_\_\_\_\_ and participating in a mission project, sponsored, in whole or in part, by **INTERNATIONAL ALLIED MISSIONS**, (hereinafter referred to as **IAM**), non-profit entities; and

**WHEREAS**, the undersigned realizes and acknowledges that participation on a mission trip includes many risks and possible perils, including, but not limited to accidents, disease, war, political unrest, terrorism, injury, imprisonment, kidnapping, and other perils; and

**WHEREAS**, the undersigned hereby assumes any and all risks in the travel to and from \_\_\_\_\_ and any and all missionary and other work connected with said missionary trip; and

**WHEREAS**, the undersigned specifically agrees that **IAM** has no legal or other obligation to pay ransom for any kidnapping, imprisonment or hostage situation; and

**WHEREAS**, the undersigned desires to release and hold harmless **IAM**, their officers, members and agents from any and all claims, demands or actions because of injury, illness or other perils (including death),

**NOW, THEREFORE, IN CONSIDERATION** of the undersigned participating and working on a mission project sponsored, in whole or in part, by **IAM**. The undersigned further specifically assumes all risks involved in travel and all other activities, including but not limited to, any risk to personal property that might be lost, damaged, or stolen while on said mission trip.

**THE UNDERSIGNED**, for myself, my heirs, executors, administrators, distributees, and assigns, further agrees that the undersigned will never institute any action or suit at law or in equity against **IAM**, or their officers or members, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, either compensatory or punitive, cost, loss or services or of consortium, lost personal property, expenses or compensation for or an account of any damage, loss or injury, either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present or future, arising out of the undersigned associated with an IAM trip.

This the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE