

Heal Ministries Release Form – Adult Participants

Project Location: _____	Participant's Name: _____
Project Dates: _____	Birth Date: _____
Church: _____	Address: _____
Church City, State: _____	City, State, Zip: _____
	Home Phone: _____
Alternate Emergency Contact and Phone: _____	

Please indicate the status of your primary medical insurance:

U.S. Projects:

- I do have a primary medical insurance policy.
- I do not have primary medical insurance but I am applying for supplementary coverage.

International Projects:

- I do have a primary insurance policy, and I have confirmed that it will cover me while outside the U.S. on this project.
- I do have primary medical insurance, but it will **not** cover me outside the U.S.; I am applying for supplemental coverage.
- I do not have a primary medical insurance; I am applying for supplementary coverage.

What We Require

US Project Locations: Coverage includes accidents only; it does not cover sickness/illness. Each participant is required to have his/her own primary medical insurance for sickness.

International Project Locations: Coverage includes both accidents and sickness. However, because this is a secondary coverage, each participant is still required to have his/her own primary medical insurance for sickness.

A Participant, who does not have a primary medical insurance policy, must apply for supplementary coverage.

Adult Participant Release Form

Immunizations and Medical Consent:

Please indicate the status of your **routine immunization history** (dt-diphtheria, tetanus, MMR-measles, mumps, rubella and polio).

- I have had all routine immunizations.
- I have not had all routine immunizations but I will have by the beginning of the project.
- I have not had all routine immunizations and decline to get them for this Project.

I have had a tetanus booster with the past 10 years.

- Yes No, but I will have one by the beginning of the project.

I have checked with my doctor, the Centers for Disease Control or a travel clinic and am aware of the immunizations recommended and required for the area in which I will be traveling. Yes No

NOTE: Pregnant women are not permitted to participate on projects rated Intermediate, Substantial or High Risk.

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery and/or anesthetic by a licensed physician or health care professional for myself.

Signature of Adult Participant _____ Date: _____

Release of Liability

I am aware of the inherent risks and dangers in traveling to and ministering in other countries and the potential risks to myself and my property as a result of participation in the _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping or other destruction of life or property). I fully assume these risks, understanding that CPC cannot be responsible for any personal loss or disaster that I may experience in connection with my volunteer ministry service to CPC. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against CPC, the Presbyterian Church in America, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys or representatives, based on my volunteer services for CPC. I acknowledge personal responsibility for my own actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that that this release or liability is effective only as it applies to, and interpreted by the laws of the countries involved.

Signature of Adult Participant _____ Date _____

Notarization Required:

State of _____ County of _____

Acknowledged before me this _____ day of _____, 20

NOTARY PUBLIC _____

Date Commission Expires _____

