

# Life Impact International Medical Release and Waiver

*This form is REQUIRED and must be completed IN FULL for all Life Impact International mission Trip Participants*

Applicant's Name.....Date.....  
Name as it appears on Passport.....Place of issue.....  
Passport Number.....Expiration Date.....Home Phone.....  
Cell Phone.....Email address.....  
Address (no PO Boxes).....  
Spouse's Name (if applicable).....

## Health Insurance

*Please complete the following information and attach a copy of current insurance card to this form.*

Policy Holder's Name.....Insurance Company.....  
Policy #.....Insurance Co. Phone number (.....).  
Insurance Co. Address.....

## In Case of Emergency Please Notify:

Name.....Relationship to you.....  
Phone (.....).Cell Phone (.....).  
Physical Address (no PO Boxes).....  
City.....State/Prov.....Zip/Postal.....

Name.....Relationship to you.....  
Phone (.....).Cell Phone (.....).  
Physical Address (no PO Boxes).....  
City.....State/Prov.....Zip/Postal.....

## Medical Information

Blood type.....Height.....Weight.....

Are you allergic to any foods and/or medications?  Yes  No

Name of food/medication(s).....

Have you had a tetanus shot within the last 10 years?  Yes  No

Please list all surgical operations or hospitalizations you have undergone.

Operation, illness.....

Reason.....Date...../...../.....

Name and address of Hospital.....

Name of physician.....Remaining effects.....

Operation, illness.....

Reason.....Date...../...../.....

Name and address of Hospital.....

Name of physician..... Remaining effects.....

**Please provide any important details pertaining to your health not covered in this Release Form (Attach an additional piece of paper if necessary).....**

**Consent for Medical Treatment**

--Applicant wishes to be a member of a Life Impact International missionary group that will be traveling to and staying in a foreign country. Certain circumstances may occur resulting in Applicant’s need for medical/dental care and treatment, and further resulting in Applicant’s inability to personally give consent for such care and treatment. In consideration of permission from Life Impact International for applicant to participate in this mission trip, Applicant authorizes Life Impact International, or any designated agent of Life Impact International or medical facility to act on Applicant’s behalf should Applicant be unable to do so, and to consent to all medical/dental care and treatment, including but not limited to, first-aid treatment, blood transfusions, diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Life Impact International deems necessary for Applicant’s medical well being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Applicant’s behalf. Any consent by Life Impact International shall have the same force and effect as if the Applicant had personally given this consent.

--I certify I have personal health insurance, **including foreign countries, with no territorial limitation, for the providing of medical services to Applicant** that will provide coverage for Applicant during the duration of said mission. I understand that Life Impact International provides no health insurance plan.

--I understand that Life Impact International will not be held responsible for any situation arising from inaccurate or incomplete medical information. It is the Applicant’s responsibility to notify Life Impact International of any current personal medical information and of any medical changes or concerns which may arise between now and departure for the field.

--I further understand and agree that all rights under Section 1542 of the Civil Code of any state or territory of the United States and any other nation of country are hereby expressly waived. Said Section reads as follows:

”1542. Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with debtor.”

**Media Release**

--I also grant Life Impact International all rights, titles and interest to any and all photographic images, testimony, video and/or audio recordings – including, but not limited to, promotional or advertising materials, royalties, proceeds or benefits derived from such photographs or recordings. My enclosed signature (and signature of parent or guardian if I am under the age of 18) signifies my approval of all limitations listed above.

**Release, Hold Harmless, Consent, Agreements**

(Must be signed in the presence of both parents by applicant if applicant is under the age of 18)

I,..... the undersigned, being of lawful age for the sole consideration of being allowed and permitted to be a member of the Life Impact International missions team hereby and for my heirs, executors, administrators, successors and assigns, waive all rights, demands and claims whatsoever and releases, acquits and forever discharges Life Impact International and its agents, employees, associated organizations, servants and successors of all claims, actions, causes of action, personal injuries (including death), demands, rights, damages, costs, loss of service, expenses, and compensation whatsoever, which may hereafter accrue out of all Life Impact International missions activities.

--Release any and all other medical information or records to any party deemed necessary by Life Impact International, its agents, servants, employees, affiliates;

--Assign for the providing of medical treatment for myself;

**I hereby release and agree to indemnify** Life Impact International, its agents, servants, employees and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my behalf under the terms of this consent. I further hold Life Impact International harmless from any and all costs, damages or expenses incurred by Life Impact International as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

**I am aware** that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself incurring costs, expenses and damages for which I am solely responsible including, but not limited to, return of myself by air, ambulance or other extraordinary means. I understand that Life Impact International, its agents, servants, employees and assigns does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage. I also understand that mission trips may be associated with risk of bodily harm, detainment, death and/or damage to or loss or personal possessions resulting from, without limitation, inclement weather, transportation accident, terrorism or other causes. In behalf of my heirs and myself (and applicant if under 18), I personally assume as such risks, whether foreseen or unforeseen by Life Impact International or myself.

**I hereby release** and hold harmless Life Impact International, its officers, employees, agents and representative/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I understand that this release and indemnification releases liability for the conduct of Life Impact International and its agents, servants, employees or assigns.

**I understand** that Life Impact International, its officers, employees, agents and representative/volunteers accepts no liability or responsibility for losses or additional expenses due to delay or changes in air of other services, sickness, weather, strikes, war, quarantine or other causes. The right is reserved to Life Impact International to substitute living accommodations of similar quality, if available, to those specified in the itinerary, and to cancel any program or activity at their discretion.

**I understand** that Life Impact International, its officers, employees, agents and representative/volunteers will make no concessions to terrorists and will not negotiate for the payment of ransom for the release of hostages or prisoners. Life Impact International will cooperate with the appropriate governmental agencies to ensure that all perpetrators of violent acts against people associated with Life Impact International will be brought to justice.

**I understand** that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury of property damage, arising out of my participation of this trip.

**I (WE) HAVE READ THE FOREGOING** and understand and agree to the same.

**Applicant's Printed Name**.....

**Applicant's Signature**..... **Date** ...../...../.....

**Guardian's Printed Name (if applicant is under 18)**.....

**Guardian's Signature**..... **Date** ...../...../.....

**Witness's Printed Name**.....

**Witness's Signature**..... **Date** ...../...../.....