TRIP APPLICATION FORM

Join us for an unforgettable service experience!

Each group member should complete and submit the following form.

Organization Name:	
Group Leader Name:	
Group Member Full Legal Name (As On Passport):	
Full Mailing Address (Street, City, State, Zip):	
Phone Number:	
Email Address:	
Please Circle:	Add me to the YPM Email Newsletter! YES or NO
Birth Date:	
Emergency Contact 1 Name:	
Emergency Contact 1 Relationship:	
Emergency Contact 1 Phone Number:	

Emergency Contact 2 Name:	
Emergency Contact 2 Relationship:	
Emergency Contact 2 Phone Number:	

What skills and abilities are you excited to bring to the team?

What limitations or restrictions should we be aware of that might affect your trip?

Please list any dietary restrictions, medication needs, allergies, or health concerns. Note: If you become unconscious or incoherent and are in need of medical attention your Team Leader needs to know all of your requirements in order to assist in treatment. It is the responsibility of all individuals to consider private health insurance to cover expenses due to injury or illness.

How do you hope to grow from this mission trip?

By submitting this application, I affirm that I intend to participate in the Mexico Mission Trip. I understand that my deposit of $100 is non-refundable. I agree to participate in pre-trip meetings, activities, and events and to fully support other members of the mission team.

Signature Date

DISCLOSURE OF RISK; AGREEMENT OF WAIVER, RELEASE, AND HOLD HARMLESS (ADULT)

I, _____ of Street Address_____

City/State/Zip _____ hereby agree and acknowledge the following:

The undersigned recognizes and acknowledges that Yucatan Peninsula Mission USA is a non-profit institution engaged in human services and relief activities. In consideration of being accepted to participate in the trip with Yucatan Peninsula Mission, Inc., I hereby freely and knowingly waive Yucatan Peninsula Mission Inc. and their leaders, employees, and agents, for any and all actions, causes of action, claims and demands including but not limited to the contraction of endemic diseases, costs, damage or expense for any act. I understand that activities which I intend to pursue entail some amount of risk or possible danger, and desire to personally assume such risks.

I have been and am informed by this document that any travel, volunteer work or other activities undertaken by me in connection with Yucatan Peninsula Mission Inc. involves inherent risks including but not limited to loss of property, disease, illness, injury, exposure, physical and mental harm, and death which may be caused by, among other things, the elements, organisms, environmental conditions, crime, accidents, negligence and political conflict including civil war, war, land terrorism, and I further understand the nature of such risks.

This agreement is intended to be broad and inclusive. This agreement is to be nevertheless continued in full force and effect.

I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me and my heirs, executors, administrators, or any other parties that may at some future date legally act in my behalf.

I have read this document and understood and agreed to all of its contents before signing it.

Signature Date

Consent to Medical Treatment

I hereby give my permission for _____ to authorize the rendering of medical services to me while participating in activities sponsored by Yucatan Peninsula Mission Inc. I specifically grant permission for medication, admittance to a hospital and for surgery deemed necessary by the attending physician.

I am covered by the following policy(ies): Medical (company)

_____

Policy & Group # _____

Hospitalization (company)_____

Policy & Group # _____

Phone # (for verification and admittance for treatment) _____

My phone (day) _____ My phone (night) _____

IMPORTANT: Please indicate any medical alert information below and contact:

_____

Signature Date