

BELIZE MISSION

Medical & Liability Release Form

I _____, understand and acknowledge that participation with the R U Red E? Ministries Mission to Belize involves inherent risks of injury to my myself including risks associated with transportation by motor vehicle. I agree to indemnify R U Red E? Ministries, The River's Edge Community Church, Youth Ministers, and Volunteers for any costs or expenses arising out of my participation in the activities including the cost of any medical care given me or any expenses or fees incurred in as a result of any damage or injuries caused by myself in the course of my participation in this Mission Trip. I further give my consent that I may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from myself.

Legal Name _____ Date of Birth _____

Date of last Tetanus Booster _____

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems, which should be noted? (Continue on back of form if needed)

Name of Spouse (if married): _____

Address _____ City/State/Zip _____

Phone Home _____ Work _____ Mobile _____

Person responsible for charges (if different from above) _____

Address _____ City/State/Zip _____

Phone Home _____ Work _____ Mobile _____

Person to notify if spouse is unavailable: _____

Phone Home _____ Work _____ Mobile _____

Family Physician _____ Phone _____

Insurance Carrier & Policy Number _____

Signature _____ Date _____

Signature of Witness _____ Date _____