



Summer 2019

Guatemala Mission Trips: Consent Form and Liability Waiver

Select first choice for trip: ___ June 15-June 21, 2019 or ___ July 6-July 12, 2019

PLEASE PRINT:

Participant's Name as listed on Passport: _____

Participant's Date of Birth: _____

Address: _____ City: _____ State: _____ Zip _____

Participant's Email: _____

Parent or Guardian email: _____

Participant's Cell Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Contact in case of emergency: _____

Relationship: _____ Cell Phone: _____

I, _____, the undersigned travel as a volunteer participant on the mission trip to Guatemala. I do not hold the Church of the Nativity libel for any injury, mishap, or occurrence while on the mission trip to San Andres Itzapa, Guatemala and environs departing Kansas City on June 15, 2019 or July 6, 2019 .

I, _____, the undersigned agree to hereby release, indemnify and save harmless the Archdiocese of Kansas City in Kansas, Church of the Nativity, and any of its delegation leaders and any other persons connected with the trip from any and all liability, claims, damages for personal injury, or property loss/damage which may arise as a result of this trip. We agree not to sue any of the above parties, their agents, representatives, employees, or volunteers. We agree to compensate for reasonable attorney's fees and expenses arising in connection therewith.

Participant's Signature

Date

Participant's Printed Name

Date



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Guatemala Mission Trip *Code of Conduct*

This Code of Conduct (herein after referred to as “the Code”) applies during the entire trip, in transit and on location, wherever we may be.

It is expected that all participants of the Guatemala mission trip will be present at scheduled sessions during the trip and in appropriate places throughout the trip. Roaming off the sites during the trip is not permitted. There will be set times participants must be in their assigned rooms and lights out will be established and should be adhered to by all participants in order to be truly present for the experience. All participants should begin moving to assigned dormitory rooms at the appropriate time. An atmosphere of quiet and respect is expected following the lights out time. At no time may a participant leave the site or area where we will be staying.

It is expected that participants will follow the direction of all site staff, security and delegation leaders. Any instances of lack of cooperation may be subject to appropriate discipline.

During the trip, participants are expected to dress in a fashion that represents modesty and appropriate for Guatemalan culture. (No short-shorts, tight leggings, yoga pants, low cut tops etc.) Participants are asked to use positive speech. Foul and abusive language will not be permitted.

NO possession and/or consumption of alcohol will be permitted at work sites. NO possession of firearms, knives or any kind of weapon will be permitted.

I agree that I, _____, the undersigned shall abide by all the rules and regulations as outlined in the Code of Conduct. I have read and reviewed it prior to signing this form. I agree that if I fail to abide by the Code that I may be dismissed at any portion of the trip and sent home.

I understand that such transportation home will be at my expense with no right of reimbursement for any amount in connection therewith.

(Your signature must appear below or you will not be permitted to participate in this trip.)

Participant’s Signature

Date

Participant’s Printed Name

Date



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Medical Information

Participant's Name: _____

I hereby warrant that to the best of my knowledge that I am in good health, and I assume all responsibility for myself.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to delegation leaders, representatives, agents, volunteers, and employees of the Archdiocese of Kansas City, Kansas, Church of the Nativity in Leawood, KS, and any others selected by the delegation leaders at their discretion, to transport me to a hospital for emergency medical or surgical treatment. In the event that I should require additional medical treatment and I am not able to communicate my desire to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

In the event of an emergency, contact:

Person to Contact in case of Emergency Relationship

Home phone Cell phone Work phone

Primary Care Physician Phone Number

Medical Insurance Co.

Insurance Policy Number Phone Number

Participant's Signature Date

Participant's Printed Name Date



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Medications: I am/am not taking medication at present. Names of medications including dosage and frequency of dosage are as follows:

Specific Medical Information: Please provide the following information concerning your health.

Allergic reactions (medications, foods, plants, insect bites, etc.)

Date of last tetanus/diphtheria: _____

Do you have a medically prescribed diet or any other special dietary needs? Explain.

Physical limitations? _____

Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:

Other special medical conditions including behavioral and emotional that we need to be aware?
(ie: Anxiety, Claustrophobia)



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I, _____, the undersigned maintain my own medical insurance and have determined that it is valid out of the United States of America.

Participant's Signature

Date

Participant's Printed Name

Date

Please attach a copy of the front and back of your medical insurance card.

Please attach a copy of your passport.

Office Use Only:

Date complete application received: _____

Date \$100.00 deposit received: _____

Payment type: _____ credit card _____ check number