

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

***Please have each team member appropriately sign a
Medical Authorization and Release of Liability***

My signature on this form confirms that I hereby release and hold harmless the Healing Place Church & Rock Church (including its agents, employees, representatives, and staff -- collectively "HPC" & "Rock Church) from all liability for any medical or health-related problem, personal injury or property damage that I may suffer or incur while traveling or serving on a church-sponsored mission trip or ministry event.

For my own safety and well-being, I agree to abide by all rules and regulations established by the HPC and/or Rock Church representative who is in a position of authority during this time of travel or service. I also accept responsibility for my personal possessions and property during the time of travel or service.

If, during this time of travel or service, I am in need of medical or other health-related treatment, but am unable to seek assistance for myself or make decisions for myself, then I give my permission, authority and power of attorney to the HPC or Rock Church representative to seek appropriate care and treatment on my behalf.

I further agree that any claim for medical or health-related benefits, personal injury or property damages will be limited to and asserted against insurance companies and/or third persons, parties or entities other than HPC or Rock Church.

Name: _____

Birthdate: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

Emergency Contact Information: _____

Any known allergies: _____

Medications currently taking: _____

Date: _____

(Signature)

(Printed Name)

(Parent Signature)

(mandatory, if person traveling or serving is under age 18)

Healing Place Church

Physician Release Form for Mission Trip

(Please have each team member have this completed by their physician.)

Applicant Name: _____

Date of Birth: _____

Allergies: _____

Medications: _____

Medical Problems: _____

Date of Mission Trip: _____ Place of Mission Trip: _____

Type of activities planned for trip: *(such as building project, high elevations, etc.)* _____

Physician Evaluation

(Please review above and make additions as necessary.)

Date of Exam: _____

Please list any abnormalities in exam that would be important to communicate in the event of an emergency in and out of the country *(such as heart murmur, scars, etc.)*:

Are there any medical limitations to this patient being able to participate in any planned or unexpected strenuous physical activity?

After discussing the goal of the mission trip with the patient, do you have any concerns (with either their physical or mental health) about this patient attending an mission trip (including overseas travel)?

Signature of Physician

Physician Printed Name

Address

Office Phone Number

City, State, Zip

**Healing Place Church / Rock Church
Missions Trip Agreement**
Please have each team member sign a Missions Trip Agreement

Mission Statement:

To be a healing place for a hurting world by showing the love of God to people around the world.

Participant Agreement

In order to participate on a Healing Place Church/Rock Church mission trip, each prospective applicant must prayerfully consider and accept the following statements.

1. Realizing that I am a minister of Jesus Christ and a representative of Healing Place Church & Rock Church, my words and actions must be above reproach. I will not participate in any behavior, including but not limited to, displays of public affection, profanity, etc, that is questionable in the culture of the host country or city.

2. Realizing Christianity has many faces throughout the world, I will respect and honor the culture of the host country, city and I will support the methods, insights, and instructions of the host.

3. Realizing that as a minister of Jesus Christ I am first a servant, I will maintain a servant attitude with my teammates and mission hosts, and I will submit to the leadership of the mission team leader.

SIGNATURE: _____

DATE: _____