

# TRIP PARTICIPANT MEDICAL RELEASE FORM

(For Group Trips Sponsored by Global Partners in Peace and Development)

Name of Participant \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City, State & ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Beneficiary \_\_\_\_\_ Passport #: \_\_\_\_\_

Please list any medical allergies you have, and any medications being taken:

\_\_\_\_\_

Please list any medical problems, or other pertinent information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WAIVER OF LIABILITY STATEMENT

*I understand Global Partners in Peace and Development (GPPD) will attempt to notify emergency contact in the event emergency medical treatment is required. If the emergency contact cannot be reached in a timely manner, I give GPPD, its staff, and/or associates permission to secure services of a licensed physician to provide necessary care, including anesthesia, for my well-being.*

*I release GPPD, its staff, and/or associates from all legal claims and/or financial responsibility resulting from injury, illness, or death that may be sustained while participating in the activities of GPPD.*

Name of Participant \_\_\_\_\_

Country of Mission Work \_\_\_\_\_ Dates in Country \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (if trip participant is under 18 years of age)

Signed \_\_\_\_\_ Date \_\_\_\_\_

# VACCINE STATEMENT

I have read and understand the information provided by GPPD regarding vaccines in the country to which I plan to voluntarily travel.

I have willfully chosen to/not to acquire the recommended vaccines that are recommended by the CDC.

- ☐ Please check here if you have the Yellow Fever Vaccine (Uganda) and please submit documentation.

X\_\_\_\_\_

Team Member Name: \_\_\_\_\_

Country of Mission Work: \_\_\_\_\_

Date: \_\_\_\_\_

If a minor, please include parent/legal guardian signature:

X\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Date: \_\_\_\_\_