

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 understand if I have a COVID-19 vaccine, this does not exempt me from having to show proof of a negative COVID-19 test given within three days of departure from the US and within three days of departure from the country of which I am voluntarily traveling.

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

- Please check here if you have the COVID-19 vaccine and please submit documentation.
- 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: _____