



REGISTRATION FORM

PERSONAL INFORMATION

(Please print)

Full Name (First/Middle/Last: _____ Birth Date: _____ Age: _____

(must match passport)

Male/Female: M F | Preferred Name First/Last: _____

Home Address : _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ E-mail: _____

Passport Number: _____ Country of Origin: _____

Date of Issue: _____ Expiration Date: _____

Parent's Name(s): _____

Parent's Phone Number: _____ E-Mail: _____

MEDICAL INFORMATION

List any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.)

Explain (attach additional sheets as necessary): _____

I am taking the following medications:

Name of Medicine	Dosage	Frequency
1.		
2.		
3.		

*Attach additional sheets as necessary

Do you have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) Yes No

If yes, explain (attach additional sheets as necessary):

Do you have any adverse reactions to any medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.)

Yes No

If yes, explain (attach additional sheets as needed):

Do you have any disabilities or physical or developmental limitations? Yes No



If yes, explain (attach additional sheets as necessary):

Date of last Tetanus: _____ Physician: _____ Phone: _____

HEALTH INSURANCE

Health Plan Carrier: _____

Group#: _____ Policy #: _____

Full Name of primary insured: _____ Relationship: _____ DOB: _____

EMERGENCY CONTACT INFO

(Person not traveling with you)

Emergency Contact Name: _____

Relationship to Emergency Contact _____

Emergency Contact phone number: _____ E-Mail: _____

INSURANCE COVERAGES

MISSIONARY MEDICAL INSURANCE

- I give Vera Aqua Vera Vita permission to purchase Missionary Medical Insurance on my behalf via **Volunteer Travel Program** insurance through Gallagher Charitable for the entirety of the mission trip dates. Please review the [coverages](#) on their website, travelwithgallagher.com.
- I already have coverage or decline Vera Aqua Vera Vita to purchase Travel Medical Insurance for the trip.

TRIP CANCELLATION AND INTERRUPTION INSURANCE

- I give Vera Aqua Vera Vita permission to purchase **Trip Cancellation and Interruption** insurance on my behalf through Gallagher Charitable for the entirety of the mission trip dates. Please review the [coverages](#) on their website, travelwithgallagher.com.
- I already have coverage or decline Vera Aqua Vera Vita to purchase Trip Cancellation and Interruption Insurance on my behalf for the trip.

Participant

Name: _____ Signature: _____ Date: _____

YOUTH RELEASE AND CONSENT

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, _____ the parent/guardian/conservator of _____

grant permission for my son/daughter to participate in Vera Aqua Vera Vita Peru Mission Trip **July 14 - July 23, 2024**.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various activities that my son/daughter will be participating in.

I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless Vera Aqua Vera Vita, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of Vera Aqua Vera Vita) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating in the Vera Aqua Vera Vita Peru Mission Trip **July 14 - July 23, 2024**. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the ___ parent, ___ guardian, or ___ conservator of

_____, a minor, and as such do hereby authorize Vera Aqua Vera Vita, its leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless Vera Aqua Vera Vita, their officers, directors, agents, employees, volunteers, leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

Signature of Parent/Guardian/Conservator

Date

PHOTO/MEDIA RELEASE

Vera Aqua Vera Vita actively uses photography and video to record events and mission trips. Photos and video are used in various applications including event promotion and documenting events and sharing experiences through but not limited to **Vera Aqua Vera Vita** website, email marketing, and social media channels.

Participant Acceptance: *I have read and consent to these policies and releases with the understanding that in order to travel with **Vera Aqua Vera Vita** on this mission trip as a volunteer that I must agree to these provisions.*

Name: _____ Signature: _____ Date: _____