



Travel Release Form

(This form is **REQUIRED** for ALL participants traveling on an EMOYENI short-term mission.
The completed form must be signed in the presence of a NOTARY or LAWYER and by both
parents if the participant is under 18.)

7
easy
steps!

Participant's Name (First, Middle, Last): _____

Birth Date (MM/DD/YYYY): _____ Passport Number: _____

Step 1: Health Insurance

(Please fill out the following information, and attach copy of insurance card to back of form)

Policy Holder's Name: _____

Insurance Company: _____

Policy Number: _____

Insurance Company Phone: _____

ATTACH
COPY OF
INSURANCE
CARD

Step 2: Emergency Contact Information

(Please fill out at least 2 different contacts)

Primary Contact:

Name: _____

Relationship to Applicant: _____

Address: _____

Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

Country: _____

Email address: _____

Secondary Contact:

Name: _____

Relationship to Applicant: _____

Address: _____

Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

Country: _____

Email address: _____

Step 3: Medical Checklist / Questions

(If any box is checked below, a Medical Release Form [pg.4] is required)

Medical Checklist

Please check if participant has had any of the following:

Asthma or Chronic Wheezing ☐
Any other Respiratory Problems ☐
Cysts or Tumors of any kind ☐
Chronic or Persistent Cough ☐
Skin Disorder other than Acne ☐
Attempted Suicide ☐
Intentionally inflicted harm on oneself ☐
Diabetes or Hypoglycemia (low blood sugar) ☐
Circulatory trouble ☐
Hearing or Vision Impairment ☐
Kidney Problems ☐
Tuberculosis ☐

Rheumatism, Arthritis, Painful Swollen Joints ☐
Severe Knee problems ☐
Intestinal or Bowel problems ☐
Cancer ☐
Persistent, Recurring Indigestion ☐
Stomach or Duodenal Ulcers ☐
Mental Health Counseling / Depression ☐
Fainting Spells ☐
Convulsions, Epilepsy or Seizures ☐
Parkinson's Disease ☐
Anemia or any other Blood Disorder ☐
Serious Bodily Injury ☐

Thyroid Allment ☐
Sever Allergic Reactions ☐
AIDS virus or HIV ☐
High or Low Metabolism ☐
Gall Bladder Stones or Cholic ☐
Prostate problems ☐
Venereal Disease ☐
Breast or Menstrual disorder ☐
High Blood Pressure ☐
Any Cardiac Problems ☐
Eating Disorder ☐
Any other disease or disorder not listed above ☐

Medical Questions

Please answer the following questions:



1. Are you currently taking prescription medication? ☐ No ☐ Yes
If YES, what medication/s are you taking? _____ Dosage: _____
2. Are you currently taking non-prescription medication? ☐ No ☐ Yes
If YES, what medication/s are you taking? _____ Dosage: _____
3. Are you allergic to any foods or medications? ☐ No ☐ Yes
If YES, what are you allergic to? _____
4. Are you receiving treatment / counseling for Chemical / Substance Abuse? ☐ No ☐ Yes
If YES, please explain? _____
5. Are you under a physician's care for illness? ☐ No ☐ Yes
If YES, please explain? _____
6. What was the date of your most recent Physical Exam? (MM/DD/YYYY) _____
7. Are you a Vegetarian (for health reasons, not simply preference)? ☐ No ☐ Yes
If you are a vegetarian for health reasons, what are your limitations? _____

Note to vegetarians:
you may need to eat meat
as part of cultural sensitivity!

Step 4: Childhood Immunizations

(You must list a year for each immunization. Tetanus immunizations must be within the last 10 years)

Mumps / Measles / Rubella ☐ No ☐ Yes Year Administered: _____ **Polio** ☐ No ☐ Yes Year Administered: _____
Diphtheria / Pertusis ☐ No ☐ Yes Year Administered: _____ **Tetanus** ☐ No ☐ Yes Year Administered: _____

(Please read and initial the following statement)

I agree that it will be solely my responsibility to obtain information on travel immunizations required or recommended, as well as travel precautions for the area that I will be visiting while on this EMOYENI short-term mission. I realize that immunizations must be completed 4 - 6 weeks prior to travel.

Initial Here: _____

Step 5: Surgical History

(Please list all surgical operations or hospitalizations the participant has undergone. For more than 2, please attach a separate sheet of paper)

1. Operation / Illness: _____ Date of operation (MM/DD/YYYY): _____
Reason: _____
2. Operation / Illness: _____ Date of operation (MM/DD/YYYY): _____
Reason: _____
3. Please provide any details pertaining to your health that are not covered in this Travel Release form(attach a separate sheet of paper if necessary).

Step 6: Release, Hold Harmless, Consent, Agreements

(Must be signed in the presence of a NOTARY or LAWYER by participant and by **both** parents if participant is under the age of 18)



Medical and Travel Release, Hold Harmless Agreement

If you are under 18, a parent / guardian must complete the following:

On behalf of myself/my child, I authorize Emoyeni USA to:

- Release any and all other medical information, or records to any party deemed necessary by Emoyeni USA, its agents, servants, employees;
- Assign for the providing of medical treatment to my child or to members of the missionary group.

I hearby release and agree to indemnify Emoyeni USA, its agents, servants, employees, and assigns for any and all damages, liability or costs resulting from the authorizing of medical treatment on my / my child's behalf under the terms of this consent.

I further hold Emoyeni USA harmless from any and all costs, damages or expenses incurred by Emoyeni USA as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in myself / my child incurring costs, expenses, and damages for which I am solely responsible, including, but not limited to, return of myself / my child by air ambulance or other extraordinary means.

I also understand that mission trips may be associated with risk of bodily harm, death, and / or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. On behalf of myself and my heirs (and participants, if participant is under 18), I personally assume all such risks, whether foreseen or unforeseen by myself or Emoyeni USA.

I hearby release and hold harmless Emoyeni USA, its officers, employees, agents, and representatives / volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my / my child's participation in this trip.

I understand that this release and indemnification releases liability for the conduct of Emoyeni USA and its agents, servants, employees or assigns.

I also give Emoyeni USA the right to use my / my child's picture, voice and / or testimony in any form of promotional or advertising materials.

Initial
Here: _____



Consent for Medical Treatment

Participant wishes to be a member of an Emoyeni USA missionary group which will be traveling to and staying in South Africa. Certain circumstances may occur resulting in Participant's need for medical / dental care and treatment, and further resulting in Participant's or (in the case that Participant is a minor) Participant's Parent's or Legal Guardian's inability to personally give consent for such care and treatment. In consideration of permission from Emoyeni USA for Participant to participate in said missionary group, Participant or (in the case that Participant is a minor) Participant's Parent or Legal Guardian authorizes Emoyeni or any designated agent of Emoyeni USA or medical facility to act on Participant's behalf should Participant be unable to do so and to consent to all medical, dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which Emoyeni USA deems necessary for Participant's medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical / dental treatment and care on Participant's behalf. Any consent by Emoyeni USA shall have the same force and effect as if Participant had personally given the consent.

I certify that I have personal health insurance, including foreign countries, with no territorial limitations, for the providing of medical services to Participant which will provide coverage for Participant during the duration of said mission. I understand that Emoyeni USA provides no health insurance plan.

I understand that proof of insurance coverage will be due to my health care provider at the time of treatment or office visit.

Initial
Here: _____



Accountability Agreement

Emoyeni USA has taken upon itself the responsibility of reconstructing family and family values. In order to maintain credibility of both mission and message, any person representing Emoyeni USA - whether short-term or long-term, volunteer or employee - must be accountable to a higher standard of conduct and fidelity than what may be expected in a secular environment, including but not limited to abstaining from the acts of immorality listed below.

Emoyeni USA is committed to a Biblical world and social view. Acts of immorality are inconsistent with our foundational values and are a breach of our statement of faith. Acts of immorality include, but are not limited to, the following: adultery; fornication; the commission of homosexual acts; theft; drug or alcohol abuse; lying; child and / or spousal abuse; assault; battery; and murder.

Behavior that is inconsistent with the Emoyeni USA Core Values or Statement of Faith will not be tolerated on any Emoyeni mission.

Any participant engaging in such behavior, including but not limited to acts of immorality, rebellion against team leaders and disregard of team rules and regulations, as well as consuming alcohol while in the field, will be referred to the team disciplinary committee. **The discipline committee reserves the right to send home any participant that shows disregard for the stated rules and regulations.** Enforcement shall occur in a manner which the Emoyeni USA staff feels is in accordance with Christian principles and the stated purpose of the project. Emoyeni USA expects full cooperation from Participant and parents in disciplinary decisions made.

Participant and / or their family are responsible for any cost involved in sending Participant home. These costs may include, but are not limited to airfare, hotel and food for Participant and chaperone (if necessary).

I have read this statement, and agree to abide by the stated rules and regulations. I will cooperate with all disciplinary decisions made by Emoyeni USA for the duration of my trip.

I will be honorable through thoughts, actions and speech daily. I commit to listen to and obey God's Word, knowing that when I do so, His power will be made manifest in my life and in the lives of others. I commit to love and esteem others higher than myself, understanding that my team leaders, team members and the people of the world are God's creation and are to be treated with love and respect.

Initial
Here: _____



Step 7: Medical Release Form

(ONLY if you checked 'yes' to any questions on the Medical Checklist, take this form to your physician to complete the following section.)



Physician's Information:

Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

I have reviewed the Participant's medical information and history. I have performed a physical exam. Please indicate the appropriate choice:

- ☐ I find the Participant to be in adequate condition for participation in an overseas short-term mission.
- ☐ I have prescribed medical plan of action for the Participant to meet prior to the mission trip in order to participate on the team.
- ☐ I do not recommend the Participant to participate at this time.

Physician's Signature

Date

Must Read Before Notarizing

If participant is under 18 and notarized signatures of both BIRTH parents are not available, proper documentation must be attached. Documentation may include:

- Custody papers showing which parent or relative guardian has sole custody;
- Copy of parent's death certificate;
- Copy of Participant's birth certificate that does not have the father's name;
- If the afore mentioned are unattainable, please contact your Emoyeni representative at 1-888-4-emoyeni.

My / Our enclosed signature signifies my / our approval of all limitations listed above as well as my / our agreement with the Accountability Agreement. I / We have read and understand the above information. My / Our signature represents that all information on these forms is true and correct to the best of my / our knowledge.

Father's Signature (if Participant is under 18 years of age)

Mother's Signature (if Participant is under 18 years of age)

Date

Guardian's Signature (if Participant is under 18 years of age)

Participant's Signature

Date

For Notary

*Note to notary: if you do not have a notary stamp we need other proof of notary certificate

State of _____, County of _____.

Before me the undersigned, a Notary Public in and for said county and state on _____, 200____, personally appeared the identical person/s who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

Notary Stamp

My commission expires / /