



MAMA Project, Inc.
2781A Geryville Pike, Pennsburg, PA 18073
Phone/Fax: 215-679-4338 info@mamaproject.org
www.MAMAProject.org 501(c)(3)#23-2993647

Service Team Registration Form

Date _____

Name (as written on passport) _____

Nickname or Name typically used _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone number _____ Email Address _____

Birthdate _____ Age _____ Sex: ☐ Male ☐ Female

Country of Passport _____

Passport Number _____ Passport Expiration Date _____

Dates of Travel _____ Team Leader/Group Name _____

Occupation _____

In case of an emergency, person that you would like to be contacted:

Name _____ Relation _____

Phone Number _____ Secondary Phone Number _____

Email Address _____

Return this registration form with your \$150 non-refundable deposit to:

MAMA Project, Inc.
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Pennsburg, PA 18073

We will notify you if any further information is needed.

Thank you for your interest in the MAMA Project, and your greater call to serve God and His children.

*Nutritional Rehabilitation * Medical & Dental Brigades * Work Teams * Cross Cultural Training
Deworming and Vitamin A Campaigns * Micronutrient Promotion * Child Survival Training
Donating Medical & Dental Equipment & Supplies * Community Development * Scholarships * Combating Noma*



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Health Form

***Each team member should fill out this health form and team leader should have copy to take along to Honduras.*

Name _____

Date of Birth _____ Age _____

Allergies _____

Current Health Problems _____

Current Medications

Immunization Status: (please enter dates)

Tetanus _____

Hepatitis A Series

#1 _____ #2 _____

Hepatitis B Series

#1 _____ #2 _____ #3 _____

OR Hepatitis A/B Combined (Twinrix)

#1 _____ #2 _____ #3 _____

Typhoid

Oral _____ Injection _____

Family Doctor _____

Address _____

Phone Number _____

Any additional health information that you feel is significant?

Do you have any food/diet restrictions?



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In order to protect each other and the work in which MAMA Project participates in Honduras, we ask that each person volunteering to serve, complete this form. There are always risks involved in traveling and MAMA has done its best to inform the volunteers of the risks and necessary precautions. Please do not hesitate to contact us with further questions regarding your travels.

EMERGENCY RELEASE FORM AND RIGHT OF REPRESENTATION

I, or my son/daughter want to participate in a Trip organized and run by MAMA Project, Inc. As used herein, "the Trip" includes without limitation all events occurring while en route to or from or in Honduras. I understand that MAMA Project, Inc. doesn't want to be sued or risk liability for personal injury, wrongful death or property damage arising from or related to participation in the Trip. To obtain the privilege of participating in the Trip, I agree on behalf of myself and, if applicable, my child, to the following:

1. I'm prepared physically, emotionally, mentally and spiritually for this trip. The scheduling environment and other foreign travel condition aren't adverse to me. I'll be flexible and have a servant attitude. **Initials:** _____
2. I grant to any of the MAMA Project, Inc. staff and leaders the right to represent me in decisions relating to my welfare or the group welfare during the trip. I'll follow the suggestions made on my behalf. **Initials:** _____
3. I understand the administrative role that MAMA Project, Inc. plays to putting the mission team together. I also understand that the mission trip will be handled by the team leader and MAMA staff in Honduras. I'll follow the mission trip and mission house rules stated either orally or written. **Initials:** _____
4. I understand that I am visiting Honduras as a guest of MAMA Project Inc. and that my actions will reflect the work and efforts of the ministry; therefore, I will display the attitude of a servant fieldworker and guest throughout this visit as well as adhere to the stringent policy of no use of tobacco, illicit drugs and alcoholic beverages around the group or at the work site and mission house. If my child is participating, I will take every action needed to assure the child's compliance. **Initials:** _____
5. Participating in the Trip involves risks of injury. For example, and without limitation, I understand these risks include: environmental conditions, building or equipment failure, lack

of building codes, construction work or clean up, acts of God, criminal activity, contaminated food or water, disease, lack of supervision, the negligence or physical limitations of myself, my child, and others, or MAMA Project, Inc.'s negligence. I understand that the foregoing dangers create a risk for me (or my child) of personal injury, death, or damage to personal property ("Injury"). I freely assume these risks. **Initials:** _____

6. I forever RELEASE MAMA Project, Inc. from any and all liabilities and claims for any Injury arising out of or related to the Trip. I will not, on behalf of myself or anyone else, sue or make a claim against MAMA Project, Inc. for any Injury, even if the Injury is caused by MAMA Project, Inc.'s negligence. I will indemnify and hold MAMA Project, Inc. harmless from all damages, claims, and liability, including without limitation attorneys' fees and costs, related to any Injury or breach of this agreement by myself or others. This indemnity and hold harmless agreement includes Injury caused by MAMA Project, Inc.'s negligence. **Initials:** _____

7. If I need (or my child needs) medical care, including surgery, while with MAMA Project, Inc., I authorize and appoint MAMA Project, Inc., and its duly authorized agents to secure any and all available medical attention, including surgery, and specifically authorize them to sign on my behalf any and all permission forms, release forms, etc. I understand that U.S. auto and health insurance are not valid in Honduras. MAMA Project uses an international health travel insurance plan as secondary insurance. **Initials:** _____

8. I'm aware of the hazards and risks to myself and property associated with this trip. These risks include, but aren't limited to, death or injury by accident, disease, terrorist acts, weather condition, and inadequate medical services and supplies. I accept these conditions with a full awareness and assume all the risks describes above. **Initials:** _____

9. Knowing and Voluntary: No one is forcing or requiring me (or my child) to participate in the Trip or to sign this agreement. I have been given the opportunity to ask questions and have my questions answered. I sign this agreement of my own free will and I fully understand its contents. This agreement applies to each participation in a Trip, including the upcoming and all future Trips, is binding on me, my child (if applicable) and our heirs and estates, and will not be modified or revoked except by an express writing signed by MAMA Project, Inc. and me. **Initials:** _____

Name (of participant): _____ Date _____

Signature _____

Parent signature (if under 18) _____



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*Permission Form for Team Members (under 18 yrs old)
- Only for children whose parents will not be on the same trip -*

Date _____

To Whom It May Concern:

I, (Parent's name) _____, give my son/daughter, (Participant's name) _____, permission to travel to Honduras with the team from the MAMA Project under the sponsorship of _____. I understand the trip to last _____ days (_____ to _____) and to be arranged through the MAMA Project.

Signed _____
(Parent/Guardian)

Signed _____
(Parent/Guardian)

I give consent for my son/daughter to receive urgent emergency medical care during this trip.

Signed _____
(Parent/Guardian)

Signed _____
(Parent/Guardian)

*You may want to get this notarized before giving to your team leader.