

ADULT MTW RELEASE FORM

Participant: Please complete ALL information requested. Sign and give the completed form to your team leader.

Team Leader: Please review and sign each form; send a copy to MTW and take the original to the project.

Participant's name: _____	Project location: _____
Date of birth (mm/dd/yyyy): _____	Project dates: _____
Gender (male/female): _____	
Email: _____	Church name: _____
Address: _____	Church city/state: _____
City, state, zip: _____	Team leader: _____
Phone: _____	
Emergency contact name (not a trip participant): _____	
Emergency contact phone: _____	

INSURANCE REQUIREMENTS

Each MTW participant is required to have his/her own primary medical insurance. For international projects, the primary insurance must cover the participant while overseas. Any participant who does not have a primary medical insurance policy must apply for short-term coverage.

Please indicate the status of your medical insurance coverage:

I do have primary medical insurance coverage, and I have confirmed that it **will** cover me while outside the US on this project. Insurance Company: _____

I do have primary medical insurance coverage, but it **will not** cover me while outside the US on this project. I have obtained short-term coverage with: _____

I do **not** have primary medical insurance coverage. I have obtained short-term coverage with:

RELEASE OF LIABILITY

"I am aware of the inherent risks and dangers in traveling to and ministering in the United States and other countries and the potential risks to myself and my property as a result of participation in the _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that I may experience in connection with my volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against **MTW, the Presbyterian Church in America, my sending church/organization**, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my volunteer services for MTW. I acknowledge personal responsibility for my own actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved."

Have you ever been accused or convicted of child sexual abuse? Yes No

Signature of adult participant: _____

Date: _____

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MEDICAL HISTORY: As a project participant, you are asked to give the following health information, in order for the project administrators to be aware of any risk your participation may create. Project administrators are free to require a doctor's release statement if a serious health problem exists. Failure to provide known information will release both the team leader, MTW, and project administrators from responsibility arising due to complications brought on by the activities of this project.

1. Please check any conditions for which you have been treated or seen a physician.

Heart Trouble	Kidney Stone or Infection	Digestive / Intestinal Disorder
Heart Murmur	Bladder Stone or Infection	Colitis
Abnormal Pulse	Gall Bladder Disease	Ulcer
Rheumatic Fever	Internal Bleeding	Gout
Chest Pain	Prostate Trouble	Deformity / Amputation
Stroke	Sugar, Albumin, Blood or Pus in Urine	Skin Disorder
High Blood Pressure	Psychiatric Problem	Hernia
Hardening of the Arteries	Emotional/Nervous Problem	Disease of Eyes
Diabetes	Epilepsy / Convulsion	Disease of Ears
Circulatory Disorder	Other Nervous System Disorder	Disease of the Nose / Throat
Blood Disorder/Disease	Cancer / Tumor	Bronchitis
Hepatitis	Dizziness / Loss of Consciousness	Tuberculosis
Anemia	Frequent Headaches	Other Lung Disorder
Thyroid/other Gland Problem	Arthritis	Allergy
Cirrhosis / Liver Trouble	Sciatica	Asthma*
Pregnant (currently): <i>Pregnant women are not permitted to participate on projects rated as Intermediate, substantial or high risk. Check with your Project Administrator if you are not sure of your project rating.</i>		

*Some project locations are **high altitude**. Check with your project administrator if you are not sure of your project altitude.

2. Are you currently being treated for any of the above conditions? Yes No

If yes, please list the condition and the date of most recent treatment/doctor's visit:

3. Are you currently taking any prescription medications? Yes No

If yes, please list the names of the medications:

4. Please list all allergies, including food and medications: Also list any conditions with special needs

Note: If you have an allergy that requires an EpiPen or other treatment, please bring the appropriate medication with you.

IMMUNIZATIONS AND MEDICAL CONSENT

1. I have had all routine immunizations (*dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio*).

Yes No

2. I have had a tetanus booster within the past 10 years.

Yes No, but I will have by the beginning of the project.

3. I have checked with my doctor, the CDC, or the health department and am aware of the immunizations recommended and required for the area to which I will be traveling. Yes No

Note from Beth Philbrick: Per the CDC, no immunizations are required for travel to Japan.

4. **"In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional."**

Signature of adult participant: _____

Date: _____

Signature of team leader: _____

Date: _____