

Participant Name: _____

Trip location: _____

Date of Birth (mm/dd/yyyy): _____

Trip dates: _____

Gender (male/female): _____

Email: _____

Address: _____

City, State, Zip: _____

Phone: _____

Emergency contact name (not a trip participant): _____

Emergency contact phone: _____

INSURANCE REQUIREMENTS

Each MTW participant is required to have primary medical insurance. For international projects, the primary insurance policy must cover expenses incurred out of the US. Any participant that does not have this coverage must apply for supplemental coverage. (MTW does not provide this coverage.)

Please indicate the status of your medical insurance coverage:

- I do have primary medical coverage and I have confirmed that it will cover expenses incurred outside the US on this trip. Name of Insurance Company: _____
- I have primary medical coverage, but it will not cover expense incurred outside the US. I have obtained supplemental coverage with (name of company): _____
- I do not have primary medical coverage. I have obtained short-term coverage with (name of company): _____

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 _____ trip/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 is interpreted by the laws of the countries involved.”

Signature of adult participant: _____

Date: _____

