



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: _____

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: _____

ADULT LIABILITY POLICY

I plan to participate in the **Vera Aqua Vera Vita Peru** Mission Trip on **July 14 - July 23, 2024**. I am 18 years of age or older and I am fully competent to sign this Agreement. In consideration of my attendance and participation in the "**Vera Aqua Vera Vita Peru** Mission Trip" on **July 14 - July 23, 2024**, the receipt and sufficiency of which is acknowledged, on behalf of myself, I do hereby release forever, discharge, and agree to hold **Vera Aqua Vera Vita** volunteers, employees, and agents ("the Releasees") harmless from any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever (unless due to the Sole or Gross NEGLIGENCE of **Vera Aqua Vera Vita** or its staff), which may be incurred or suffered by me/the Participant and which is attributable to my attendance of and participation in the "**Vera Aqua Vera Vita Peru** Mission Trip" events. I hereby assume all risk of personal injury, sickness, death, property damage and other expenses arising from my participation in any and all trip activities, including recreation and work activities. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for me. I further hereby agree to indemnify and hold **Vera Aqua Vera Vita**, and their respective members, volunteers, directors, employees, and agents (collectively, the "Indemnitees"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the Indemnitees as the result of my negligent, willful, or intentional acts or omissions.

PHOTO/MEDIARELEASE

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: _____