

Appalachian Mission Project
Health and Liability Release Form: Due November 10th

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

DATE OF BIRTH (if minor) _____ EMAIL: _____

In Case of Emergency, please contact:

NAME: _____ RELATION: _____

HOME PHONE: _____ OTHER: _____

Allergies (medicine, food, etc.) _____

Health Insurance: Are you covered by health insurance? _____ YES _____ NO

Do you have a copy of your health insurance card that you will bring with you? _____

I acknowledge that I have voluntarily applied to Appalachian Mission Project to participate in passing out toys, blankets and food, and other various activities in Southern Appalachia. I hereby release Appalachian Mission Project and their partners from all actions, claims and demands that I now have or may hereafter have for injury or damage resulting from my participation in Appalachian Mission Project activities. I understand that each volunteer is expected and encouraged to arrive with health insurance coverage in effect.

I hereby grant Appalachian Mission Project permission to use my picture in any documentation of the trip, promotional materials, information regarding this mission, and allow my picture to be placed on the website.

Volunteer's Signature – if 18 or older

Date

Parent/Guardian Signature – if under 18

Date

T-SHIRT ORDER:

_____ Yes, I would like to order an Appalachian Mission Project long-sleeved t-shirt.

What size? _____

Form must be completely filled out to be valid. Completion of form does not guarantee a place on the trip. Numbers to be decided later.