



Trip Registration Form

First and Middle Name (As it appears on your passport) _____

Last Name (As it appears on your passport) _____

Passport Number _____

Passport Issued Date _____

Passport Expiration Date _____

Pre-trip Communication Information:

Cell Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone Number: _____

Phone Number: _____

**REQUIRED: Attach a photocopy (Front & Back) of your
Medical Insurance ID Card and a photocopy of your PASSPORT
to the back of this form!!**

Medical Form (Confidential)

Participant Name _____ D.O.B. _____

Address _____

Name of Parents/Guardians (If under 18): _____

Doctor: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Other Known Conditions (Please Circle):

Asthma Diabetes Heart Condition Seizures

Other _____

(Please explain details – when necessary – for particular conditions)

Past Surgeries/Hospitalizations (Date/Purpose):

Allergies (Drug and Other):

Prescription Medications

_____ I am currently not on any prescription medication

Please "X" Here

Current Prescription Medications:

Corresponding Condition:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Further Explanation if Needed:

Release and Waiver of Liability Form

I, the undersigned, will be participating/will let my child participate in the service/mission/educational/leisure trip from _____ to _____.
(Departure Date) (Arrival Date)

I recognize that there are risks involved in participating in the trip and hereby assume all risk of injury, harm, damage, or death in connection with my/my child's participation in it. I understand and agree that neither Zion Lutheran Church of Clear Lake, Iowa nor its employees and/or volunteers may be held liable in any way for any injury, harm, damage, or death that may occur to me/my child as a result of my/my child's participation in this trip and hereby release Zion Lutheran Church of Clear Lake, Iowa, its employees and/or volunteers from any injury, harm, damage or death, which may occur while I/my child am/is participating in the Holy Land Trip. To the fullest extent permitted by law, I agree to save and hold harmless, Zion Lutheran Church of Clear Lake, Iowa, its employees and/or volunteers, from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the trip.

I authorize Zion Lutheran Church of Clear Lake, Iowa through its employees and/or volunteers, to render or obtain such emergency medical care or treatment for me/my child as may be necessary should any injury, harm or accident occur to me/my child while participating in the trip.

I understand and acknowledge that Zion Lutheran Church of Clear Lake, Iowa does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my/my child's participation in the trip.

Executed this _____ day of _____, 20_____.

If participant is under the age of 18

Over the age of 18

Signature of Parent/Guardian

Signature of Participant

Printed Name of Parent/Guardian

Printed name of Participant

Signature of *Witness*: _____

Printed Name of *Witness*: _____