



Participant Release Packet

You must fill this out completely.
Staple all necessary documents and copies with this packet.

Name _____

Trip Location _____

Church or School Name _____

Trip Dates _____

All participants must complete **Section 1** of this Document. You only need to complete **Section 2** if you are traveling Internationally.

Section 1: To be completed by all participants

COMPLETED FORMS (see attached documents)

Please double check signatures and information

- Participant Release form
- Assumption of Risk and Liability Waiver

MEDICAL

- Attach a copy of your medical insurance
- Check with your agent to make sure your policy is valid with travel
- Bring all Medications in their **ORIGINAL** Containers (including over the counter)

SAFETY KIT

- Each person must bring their own personal First Aid kit including:
 - Anti-diarrhea pills
 - Band-aids
 - Aspirin or Ibuprofen
 - Sun Block
 - Moleskin (Adventure/wilderness only)

GLASSES AND CONTACTS

- If you wear glasses or contacts, be sure to bring spares. We will not be able to replace glasses or contacts.

Section 2: To be completed only by participants on International Trips

IDENTIFICATION

- Attach a photocopy of **passport**
- Attach a photocopy of **birth certificate**
- Attach a photocopy of **Photo ID**
(Driver's License or other photo ID)

COMMUNICATION

- We will communicate via email, if possible. If you have access to an email address and would like to receive updates, list the address here:

IMMUNIZATIONS

- Review CDC Website (www.cdc.gov)
- Consult your doctor about possible immunization
- Attach a copy of childhood immunization (if possible)

SIGNATURES

- I have completed this form and have provided all requested attachments. I have reviewed the safety precautions listed by the CDC and country information.

**MUST SIGN
(for int'l trips)**

Parent or Guardian Signature

Date

Participant Signature

Date



Participant Release Form

Participant's Legal Name _____ Date of Birth _____ Name most often called _____

Home address, City, State, Zip _____ Home Telephone _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Blood Type (if known) _____

Parent or Guardian's Name _____ Place of Employment _____

Mobile Telephone _____ Business Telephone _____

Emergency Contact Person and Relationship _____ Emergency Contact Telephone _____

How should LeaderTreks contact you while your participant is with us (home phone/cell phone/work?) _____

Participant's Doctor's Name, Address, Telephone: _____

Do you, the participant, have asthma, a heart condition, arthritis, or any other medical condition of which LeaderTreks should know? If so, please list and explain: _____

Have you, the participant, ever had any major surgery, broken bones, accidents or joint/knee problems? If so, please list and explain: _____

Please list all allergies (food, medical, environmental): _____

Please list all medications you are currently taking: _____

Do you, the participant, have any condition (medical, emotional, psychological) that would inhibit you from fully participating in this adventure? If so, please explain in detail: _____

Authorization for Emergency Medical Care

I hereby give my permission to LeaderTreks' officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for the above listed participant should an emergency arise. It is understood that LeaderTreks' officials will make a conscientious effort to locate the emergency contacts listed on this registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

MUST SIGN

Signature of Parent or Guardian _____ Date _____ Signature of Parent or Guardian _____ Date _____

Insurance Company _____ Billing Address _____

Medical Identification # (Including Group # if applicable) _____ Phone Number _____

Authorization to Participate or Exclude Participation in LeaderTreks Activities

I hereby give permission for my child to go on trips away from LeaderTreks premises, whether on foot or by vehicle. I give permission for my child to participate in all adventure activities with the following exceptions: _____

MUST SIGN

Signature of Parent or Guardian _____ Date _____ Signature of Parent or Guardian _____ Date _____



Leadership Missions, Wilderness, and Adventure Trips **ASSUMPTION OF RISK AND LIABILITY WAIVER**

1. IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand everything in this document before signing. If you have any questions, please consult with an attorney. LeaderTreks has tried to do everything possible to ensure that our guests experience a safe and fun adventure. Despite these efforts, however, we wish to inform our guests that missions and high adventure trips are not risk free. The same elements that contribute to the unique character and challenge of missions and high adventure experiences can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death. We do not want to reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks. We ask that you read this, sign it, and return it to your team leader ASAP.

2. ACKNOWLEDGMENT OF RISK

Due to the nature and locations of targeted missions areas and the high adventure setting, our guests should be made aware of certain risks. Although every effort is made to ensure the safety of our guests, there are some risks inherent to the mission site as well as the high adventure environment. While participating in a LeaderTreks trip, a guest may be injured in any of the following ways, including but not limited to: falls resulting in twisted ankles, jammed fingers, or broken bones; cuts, scrapes, bruises, splinters and other superficial wounds, which may or may not require medical attention such as stitches or sutures; head injuries such as concussions; burns from fires or kitchen stoves. Accidents involving mountain bikes could result in head, neck or back injuries, broken bones, or other severe injuries.

Also, some participants may suffer from altitude sickness, heat exhaustion, sunburn, heat stroke, heat cramps, or dehydration. Accidents can also occur during off-adventure times. Participants can slip and fall while hiking to or from an adventure resulting in an injury. While participating in our program, there is the possibility of encountering different types of poisonous plants (poison ivy, poison oak, etc.) or insects (spiders, mosquitoes, etc.), or wild animals (mountain lions, bears, skunks, etc.). Wind, rain, hail, snow, using portable toilet facilities, sleeping outside, eating meals outside, being in the open for extended periods of time can be uncomfortable and/or cause injury or illness.

LeaderTreks offers trips which can be classified into three different levels of physical exertion and challenges. Attached hereto as Exhibit "A" is a listing of each of the three levels of trips offered by LeaderTreks, including a general description of the physical demands and challenges offered by each level of trip. Please consult a physician with specific questions on participation.

It is also possible, due to the nature of our program, that some participants may suffer mental anguish or emotional trauma from the experience or from their injuries.

This list is not an exclusive or exhaustive list of possible injuries, trauma or accidents that may occur while on this trip. Most of these injuries are rare and you are not likely to encounter them; however, they have occurred and you need to know about them and other possible injuries not mentioned above.

I state that I have read the above statement on some of the possible risks in this activity. Therefore, arising as a result of our participation in this event, I assume full responsibility for myself (or my minor child), for bodily injury, death, and loss of personal property and any expenses as a result of my intentional actions or negligence. I also understand that LeaderTreks reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the missions or the high adventure program. I am in good physical condition and able to undertake this activity.

I understand that it is my responsibility to maintain health and accident insurance at all times during the trip and that I am responsible for the payment of any deductibles or co-payments incurred by use of the insurance during the trip.

I further agree to reimburse and hold LeaderTreks harmless for any amounts expended on behalf of participant for costs not covered by insurance, including but not limited to deductibles, supplies, prescription drugs, over the counter medications or preparations and equipment.

I understand that in certain circumstances, third party health care providers may not be immediately available or accessible to render care to a participant. I acknowledge and agree that in such circumstances it is necessary and appropriate that LeaderTreks staff members will render such emergency first aid care as is necessary and appropriate in the circumstances.

I acknowledge that the trip fees do not include travel insurance to cover emergency treatments. I also acknowledge that I will be responsible for paying for any costs associated with emergency travel for the injured or ill participant.

THIS PAGE HAS TWO SIDES – PLEASE READ AND FILL OUT BOTH CAREFULLY

