

FORM D: INDIVIDUAL'S TEAM MEMBERS' INFORMATION (For Minors)

Please Print Church's or Group's Name: _____

Participants name: _____

Address: _____

City _____ State/Prov _____ Zip/Postal Code _____

Home Phone: _____ Cell Phone: _____ Email: _____

Age ____; Date of Birth: _____; Sex _____; Citizenship _____

T-SHIRT: Please circle Size: Small Med Large X-Large XX-Large

MINISTRY ROLE: My ministry role/responsibility on this mission trip is:

SPANISH LEVEL: Please Circle:

1 – None 2 – Few Words 3 – I can ask questions 4 – I can converse 5 – I am fluent

CONSTRUCTION EXPERIENCE. Please Check:

I am planning to be a general laborer to work wherever needed by the missionary!

OR I have the following construction trade/skills: (Please check all that apply)

Electrical; Plumbing; Carpentry; Masonry; Concrete;

Painting; other construction skills: _____

SPECIAL NEEDS: Please advise us of any recent medical conditions that you may have.

CONDITION	MEDICATION

TESTIMONY: Describe your relationship with God. _____

CALLING: How has God led you to go to Mexico? _____

FORM E - (FOR MINOR) - WAIVER AND RELEASE OF LIABILITY ("RELEASE")
MISSION TRIPS WITH MEXICAN MEDICAL, INC.

THIS DOCUMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

1. Mexican Medical, Inc. ("MMI") is a non-profit, charitable corporation which assists in the provision of medical, surgical, construction and other services for indigent persons in Mexico. These services are provided by qualified medical and support personnel and other volunteers who donate their time and services. The services are provided in remote locations. I am the parent or guardian of a minor ("my child") who is volunteering his or her time and services to such ministry activities.
2. I understand and acknowledge that my child will be traveling with other volunteers, who will be driving him or her to the site of ministry activity. Such a driver is not an employee of or controlled by MMI, but rather is another volunteer in the ministry activity who has elected to drive to the ministry activity in lieu of making other arrangements for his or her personal transportation. I further understand and acknowledge that the driver alone will determine the place and time of departure, the safety of his or her vehicle, the route or path of travel, the adequacy of the weather, trip security, and other details of the travel. The Driver alone is responsible for such details.
3. I understand that instead of arranging for my child to travel with volunteer Drivers, I may make alternative arrangements, drive my child or myself to secure public or other transportation to the site of ministry activities for my child. I understand that my child has other alternatives for transportation. I understand that MMI does not require my child to travel as a passenger with the volunteer Driver in order for him or her to participate in the ministry activities for which he or she is volunteering.
4. I understand and acknowledge that all volunteers are completely responsible for their own suitability to travel by ground to the site of ministry activities and to participate in ministry activities and that I am strongly encouraged to consult a physician prior to departure should I have any concerns regarding my child's suitability to travel or participate in ministry activities. I understand that my child will be traveling by ground, lodging and working in a country other than the United States and may face additional risks in doing so.
5. I understand and acknowledge that MMI does not maintain insurance with respect to ministry activities or the travel described above. I understand and acknowledge that any liability insurance carried by any volunteer Driver with whom my child travels will be the sole source of insurance funds available to me, my child or my child's survivors in the event of an accident or death which may occur in the course of such travel.
6. I understand and acknowledge that MMI has no workers' compensation coverage applicable to my child's work as a volunteer. While he or she is working in Mexico or elsewhere on a MMI mission, my child is not covered by workers' compensation insurance or any other type of insurance provided by MMI. I understand and acknowledge that as a volunteer on a MMI mission, my child is not an employee of MMI.
7. I understand and acknowledge that neither I nor my child is to transport any medication (due to strict Customs' restrictions that I might not be aware of) in support of the ministry activity without clearing the items with MMI. This medicine restriction does not include any medications that my child has in his or her possession for personal use, but in the event such personal use medication is a prescription medication, my child shall have in his or her possession a copy of the prescription or a medical container clearly identified with his or her name.
8. I understand and acknowledge that my child's travel to or from Mexico, and work at a MMI ministry site entails a risk of great bodily injury or death. Such risks can arise from a number of things, including, without limitation, accidents or breakdowns involving other modes of transportation, such as by van or car, the possibility of contaminated fuel, hostile environment or government activities, criminal activities, terrorist acts, lack of sufficient security or other causes, illness or a combination of such events. I voluntarily, expressly agree, on behalf of my child, to assume all risks of injuries however caused, even if caused in whole or part by the action, inaction or negligence of MMI or any and all or other released parties, to the fullest extent allowed by law.
9. In consideration for my child's opportunity to participate in this ministry activity, and for other consideration set forth above, on behalf of my child and his or her heirs, executors, successors, assigns, agents, employees, attorneys, and other representatives, I hereby release and forever discharge. Mexican Medical, Inc. and its directors, trustees, officers, employees, volunteers, agents, attorneys, and related persons from any and all claims, debts, liabilities, demands, obligations, costs, expenses, actions and causes of action of any nature, character and description, known or unknown, including personal injury and death, which I, individually or on behalf of my child, alone may now own or hold or at any time before this owned or held, or at any time hereafter own or hold by reason of any matter, cause or thing whatsoever, occurred, done, omitted or suffered to be done, in connection with my child's

travel by aircraft or other vehicle and my child's activities or actions related to any ministry activities or mission trip presently or hereafter sponsored or organized by MMI, or any other persons or parties released above.

10. I am advised, understand and acknowledge that California Civil Code section 1542 provides that:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.”

I understand and acknowledge the significance and consequences of California Civil Code section 1542 and hereby elect, on behalf of myself and my child, to waive the benefits of its provisions, with the intent that this release shall include claims known, unknown or unsuspected.

11. I agree, on behalf of my child, to hold harmless and indemnify the parties being released (as described in par. 9, above) from any costs or attorneys' fees that may be incurred as a result of any challenge to this Release or any legal action brought in contravention of this Agreement, in litigation resulting from my child's injury, death or property damage, or otherwise in connection with any trip to conduct ministry activity with MMI.
12. I understand and acknowledge that I may seek advice from legal counsel before signing this Release Agreement, and by signing this Agreement I acknowledge that I have sought the advice of legal counsel or wish now to intentionally waive the opportunity to discuss this Release with an attorney.
13. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in this Release. If translation of this Release or any wording contained in it is necessary, I understand that I have the ability to obtain such translation before signing the document.
14. I hereby grant permission to MMI to use, reproduce and/or distribute photographs, films, videotapes, and sound recordings of me or my child, without compensation or approval rights, for use in materials created for the purposes of promoting or describing the activities of MMI, or otherwise.
15. This Agreement shall remain in full force and effect for the duration of the initial Ministry activities and subsequently, through December 31, 2015, unless it is revoked in writing.
16. I understand and acknowledge that this Release is a full and complete agreement, and that no other documents or other information produced apply at all to its terms of this Waiver and Liability Release. This document is a fully integrated, final and complete statement of the waiver and release of liability to which I have agreed. It may only be amended or modified in writing. If any provision of this Release is declared invalid, the remaining provisions shall remain enforceable.
17. I understand and acknowledge that this Waiver and Liability Release Agreement is a private contract entered into in California and that it shall be governed by California law regardless of where any occurrence covered by this Agreement takes place.

Dated: _____

[Parent/Guardian Signature]

[Printed Name]

[Name and age of child]

[My relationship to child - - e.g. parent, guardian, etc.]

My telephone number(s)

In the event of an emergency, if you are unable to reach me at the above number(s), contact:

Name: _____

Relationship: _____ Telephone # (____) _____

FORM F: CONSENT FOR MEDICAL TREATMENT

- This form must be filled out and signed by **ALL volunteers**.
- A **copy** must be sent to MM headquarters one month **prior to your trip**.
- The *original* Consent for Medical Treatment **must remain with the applicant at all times** while traveling in Mexico.

CONSENT FOR MEDICAL TREATMENT

I/We hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on:

I realize this authority is being granted for domestic and non-domestic territory. I understand that I/we are responsible for providing medical and accident insurance to cover the activities of our son/daughter/ward while participating in Mexican Medical's programs.

PRINT NAME OF APPLICANT

EMERGENCY PHONE NUMBER

Signature of applicant

Date

Signature of father

Date

Signature of mother

Date

Signature of legal guardian

Date

Print the name of your insurance company

Policy No.

Phone number of insurance company

Church / Group Name

Date of Mission Trip

Group Leader's Name (Please print)

FORM G: PARENTAL CONSENT

If the parent(s)/guardian(s) are not accompanying the minor on this trip to Mexico then this form must be filled out and signed by **BOTH PARENTS**, for each minor (under the age of 18).

ALSO THIS FORM MUST BE SIGNED AND STAMPED BY A LEGAL NOTARY.

Please note:

- If one parent accompanies the minor, the minor must have a notarized Consent from the other parent.
- If the parents are divorced or separated, a notarized permission letter from one parent and proof (copy of the court order) that the parent has legal custody.
- If a parent is deceased, permission letter from the surviving parent and a copy of the death certificate of the deceased parent.
- The original **must remain with the minor at all times** while traveling in Mexico.
- A **COPY** must be sent to Mexican Medical Ministries' headquarters **one month before the trip.**

Parental Consent For Minor to Travel in Mexico

I/we do hereby give our permission for _____ to travel to the city
Name of minor
of _____, Mexico. For the dates of _____ to _____
Name of city Beginning date Ending date
with the _____
Name of church / organization
under the leadership of _____.
Name of your group leader

I/we, _____ and _____ of
Please print name of Father/Guardian Please print name of Mother/Guardian

Address City/District State/Province

_____ Signature of Father	_____ Date	_____ Signature of Mother	_____ Date
_____ Signature of Guardian	_____ Date	_____ Signature of Guardian	_____ Date

NOTARIZED AUTHORIZATION

Sworn before me in the _____ on this day of _____,
City/District Date Year
A Notary Public / Commission for taking Affidavits in the State/Province of _____