

**Faith & Deeds Missions**  
**Individual Registration / Permission Form**

Name \_\_\_\_\_

Parent(s) or Legal Guardian(s) if under 18: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Gender: M or F Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Church/Organization Name \_\_\_\_\_

**Medical History**

Are there any conditions that would hinder or prohibit your participation in activities?

Are you up to date on all immunizations?

Do you have any special medical or dietary needs or (allergies)? Please describe below

Will you need to receive any prescription medications while on this experience? If yes, please list:

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Legal screening procedures (please circle Y for yes and N for no)\***

- Y N Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)?  
Answer "yes" attach explanation, including nature of offence and date.
- Y N Have you ever been reported to a social services agency, law enforcement authority or similar organization regarding misconduct or abuse involving children? If so, provide a description of the circumstances and name and address of the entity receiving the report.
- Y N Have you ever been reported for an allegation of sexual misconduct, sexual harassment, or inappropriate behavior or conduct? If so please describe the circumstances.
- Y N Do you have any action pending for sexual misconduct, violence, or misconduct involving children?

\*This information is required because we will likely work with and serve children.

**Functions and Activities**

It is my understanding that participating in the Faith & Deeds Missions is a privilege. Prior to participation, I acknowledge that this involves certain risks associated with the activities, for example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

## Release of Liability

I understand that the Faith & Deeds Missions of Minnesota is a program that requires sound physical and mental health. By signing this form, I expressly warrant that I, or the minor named above, is capable of withstanding both the physical and mental demands of the Faith & Deeds Missions, and that I have been informed regarding the nature of these activities and demands. I also expressly assume all risks inherent in these activities, whether such risks are known or unknown to me at this time. I further release Faith & Deeds Missions of Minnesota and First Reformed Church of Willmar or its directors, leaders, employees, volunteers, and agents from any claim that I, or my minor, may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against Faith & Deeds Missions of Minnesota and First Reformed Church of Willmar or its directors, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Faith & Deeds Missions of Minnesota and First Reformed Church of Willmar and its directors, leaders, employees, volunteers, or agents from any and all claims arising from me or my minor's participation, in its activities and programs, or as a result of injury or illness during such activities.

## Emergency Medical Treatment and First Aid

I recognize that there may be occasions where I, or the minor named above, may be in need of emergency medical treatment or first aid as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Faith & Deeds Missions of Minnesota to seek and secure any needed medical attention or treatment for myself or the minor named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I further give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery if deemed necessary.

## Publicity

Faith & Deeds Missions takes photographs and makes video recordings of participants involved in the Faith & Deeds Missions. Such photographs or recordings may be used by staff and participants to remember the experience. In addition, such photographs and recordings may be used in Faith & Deeds Missions publications or advertising materials to let others know about our ministry. I consent to the use of any photograph or recording of the minor named above or me, if I am participating, to be used, distributed, or displayed as agents see fit. This consent includes but is not limited to photographs, videotape, and audio recordings.

Applicant Signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

## For Use Only, if the Participant is a Minor

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above information and am fully familiar with the contents thereof. I give permission for the minor named above to participate in the Faith & Deeds Missions of Minnesota. In consideration for allowing the participation, I hereby consent to the terms of this form, including the Release of Liability above, on behalf of the minor, and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Minor's Agreement

I agree to fully participate in the functions and activities of Faith & Deeds Missions of Minnesota, to cooperate with the leaders and other participants, and to conduct myself as a Christ-follower. I promise to respect God, other participants, and myself throughout the trip. I understand that my continued participation in the Faith & Deeds Missions depends on my support of this agreement, and that any violation of this agreement may result in my early departure home at my parent's expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make the \$100 Deposit payable to: **First Reformed Church**      Memo line on Check: **Faith & Deeds Missions**

Mail this form in with a \$100 Non-refundable Deposit to: **Faith & Deeds Missions, 6100 161st Ave NE, New London, MN 56273**