

MEDICAL INFORMATION/RELEASE FORM

For Adults and Youth

Mail completed form to: **EDGE OUTREACH, 1500 Arlington Ave., Louisville, KY 40206.**

This form **MUST** be filled out in order for you to participate in an **EDGE OUTREACH** mission trip.

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

Medical Insurance Provider _____

ID # _____ Group # _____

Primary Physician _____ Phone (_____) _____

Address _____

City _____ State _____ ZIP _____

Emergency Contact _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

If above person is unavailable, then please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email _____

Please check if you suffer from any of the following medical conditions:

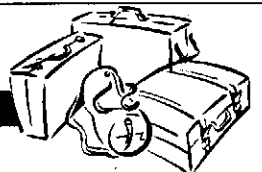
- | | | | | |
|---------------------------------------|---------------------------------------|--|--|------------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Anxiety | |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Other (describe): _____ | |

Blood type (if known): _____

Physical limitations (please list): _____

List any medications (prescription or OTC) taken on a regular basis: _____

(Please complete and sign back page)



List allergies (insect, medications, food, environment, plant, etc.): _____

List any special dietary needs: _____

Have you had any surgeries in the past three years? Yes No

If so, please list: _____

I hereby authorize and release to EDGE OUTREACH the use of my, or my child's, image in any photograph or video recording for any purpose of EDGE OUTREACH.

I hereby give permission for any qualified guide or medical personnel to render necessary emergency medical care for myself, or my child if a minor. I also give them permission to make any necessary judgment decisions.

If a dispute arises from or relates to this contract or the breach thereof and if the dispute cannot be settled through direct discussions, I agree to endeavor first to settle the dispute in an amicable manner by mediation administered by the American Arbitration Association under its Commercial Mediation Rules before resorting to arbitration. Thereafter, any unresolved controversy or claim arising from or relating to this contract or breach thereof shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall award to the prevailing party, if any, as determined by the arbitrators, all of its costs and fees.

I agree that the site of the Mediation/Arbitration shall be Louisville, KY. The terms of this agreement shall continue and be in effect after the trip has ended.

I do not and will not hold EDGE OUTREACH or its leaders or chaperones responsible for any accidents, injuries or claims arising from this activity.

In an emergency, I give my permission to a licensed physician to hospitalize, anesthetize or perform surgery. I understand that every effort will be made to inform my emergency contact before these actions are taken.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(only if participant is under 18 years of age)

Relationship to participant _____

TEAM COVENANT

For Adults and Youth

Mail completed form to: **EDGE OUTREACH, 1500 Arlington Avenue, Louisville, KY 40206.**

This form MUST be filled out in order for you to participate in an EDGE OUTREACH mission trip.

Name _____ Trip LOUISVILLE, KY Dates _____

As a member of this team, I agree to:

- Remember that I'm representing EDGE OUTREACH, my church, my community and more importantly, Jesus Christ. I'll model Jesus in my behavior and attitude.
- Remember that I've come to learn as well as to teach.
- Be open to learning about other people's methods and ideas.
- Respect other's view of Christianity. I recognize that Christianity has many faces throughout the world, and that the purpose of this trip is to experience faith lived out in a new setting.
- Develop and maintain a servant's attitude toward all in the community in which I'm working, as well as with my teammates.
- Be flexible, willing and open on the job-site. Remember, "the person" is more important than "the project."
- Respect my Team Leaders and the EDGE Leadership and their decisions.
- Respect the physical Mission House building and treat it as I would my own home. I will abide by "The Rules of the House." If I use something I'll put it back where it belongs. If I break something I'll inform my Team Leader.
- Respect the "quiet hours" when mass is going on in the Sanctuary next door and when the Church staff are working in their offices.
- Refrain from gossip. Gossip breaks down communication and trust. I'll work to speak positively in and around my team about other teammates, leadership and EDGE OUTREACH partners in the field.
- Refrain from complaining. I know that mission work can present numerous unexpected and undesired circumstances. Instead of whining and complaining, I'll be creative and supportive.
- Remember not to be exclusive in my relationships. If my boyfriend or girlfriend or spouse is on the team, we'll make every effort to interact with all the members of the team.
- Not attempt to pursue a relationship if I'm attracted to a teammate until after we return home.
- Refrain from any activity that could be construed as romantic interest in a person in the community I'm working.
- Not be involved with illegal drugs and to abstain from consumption of alcoholic beverages or the use of tobacco while on this trip.
- Remember that I can be sent home if I don't adhere to this Covenant or if my Team Leader believes it's in my best interest or that of the team.

Signed _____ Date _____

