



FOR A GOU TRIP IN THE UNITED STATES

TRIP DESTINATION: _____

Date of trip: _____

WAIVER OF LIABILITY FORM – ADULT

(Use if 18 or over – if under 18 use **Authorization Form – Minor**)

Name _____

Address _____

Age _____ Date of birth _____ Home church _____

Phone: Day _____ Evening _____

Emergency contact name _____ Phone _____

PERSONAL IDENTIFICATION QUESTIONS

1. What is your mother's maiden name? _____
2. What is your favorite sport? _____
3. What is your favorite color? _____

MEDICAL INFORMATION

Global Outreaches Unlimited and Open Bible Churches accept no responsibility for medical costs incurred while an individual is traveling on a GOU trip. Web sites to contact: Insurance Services of America – www.missionaryhealth.net (foreign travel) www.missionaryhealth.com (stateside travel); STM Services International – www.STMServices.com; Global Travel Insurance – www.globaltravelinsurance.com; Go Mission Trip – www.gomissiontrip.com.

1. Name of medical insurance company _____
2. Please bring the original or a copy (front & back) of your medical card with you on the trip.
3. Are you allergic to any medication? Yes _____ No _____ If yes, please specify _____

4. Are you currently taking any medication? Yes _____ No _____ If yes, what kind? _____
For what reason? _____
5. Date of last tetanus inoculation: _____

WAIVER OF LIABILITY

The undersigned does hereby consent to take part in the noted activity organized by Global Outreaches Unlimited, a ministry of Open Bible Churches, a religious, non-profit corporation. I understand that there is a general threat from terrorism in the United States and that attacks could be indiscriminate. I understand that there are risks in any location in the United States in regard to safety, health (including the current concern of the H1N1 virus), and local gang activity and problems in any or all of these areas may arise during this mission trip. I also understand that this trip will/may involve mission activities, sporting activities and interaction directly with people while on this trip. I am willing to assume responsibility for my own health and safety while traveling to and from the mission trip destination. I agree to assume all expenses occasioned by any injury or loss and do wholly release Open Bible Churches and Global Outreaches Unlimited from any responsibility or liability, and waive any claims or causes of action against it, its agents, employees, and volunteer assistants which may arise on account of any loss, injury or expense occasioned by any sort of accident or other circumstances involving any travel risk and agree to hold harmless Open Bible Churches and Global Outreaches Unlimited in the event any such claims should arise.

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Open Bible Churches, Global Outreaches Unlimited and its agents and does hereby authorize Global Outreaches Unlimited or its staff members or other agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Global Outreaches Unlimited and Open Bible Churches from any such. The undersigned will furnish payment or insurance for any such treatments, at his/her own expense. I have read the above waiver of liability and completed the medical information. I understand its content and import and agree to its provisions. I hereby declare this release and Waiver of Liability form is executed without reliance upon any statement or representation of Open Bible Churches or Global Outreaches Unlimited or any agent, employee or volunteer thereof and the execution is made voluntarily and knowingly.

IMPORTANT ADVISORY: Individuals traveling on this Global Outreaches Unlimited trip are advised that having in their possession illegal substances (drugs) or illegal merchandise are subject to severe penalties including fines and imprisonment as prescribed by law.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Signature of trip participant _____ **Date** _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____ A.D. 20____, before me, the undersigned, a Notary Public in and for said County, in said State, personally appeared _____ to me known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that **he/she/they** executed the same as **his/her/their** voluntary act and deed.

Notary Public

Send this original and a current photo to the GOU office (address below). A facsimile or photocopy of this waiver shall be as valid as the original. See Required Forms information sheet.

Global Outreaches Unlimited
Open Bible Churches
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Des Moines, IA 50315