THE FIRST PRESBYTERIAN CHURCH OF FORT DODGE, IOWA

Information, Permission, Expectations & Release Form

AUGUST 2025 GUATEMALA MISSION TRIP

ADULTS ONLY {2 Pages}

Name	Birthdate	Citizenship	Age
	City		Zip
Male Female F	Email		
Home Phone #	Cell	Phone #	
Emergency Contacts:			
1.Name	Phone		_
2.Name	Phone		_
3.Name			
4.Name	Phone		_
5.Name_	Phone		_
Family Physician	Pho	ne #	
Medical Insurance	Po	licy #	
MEDICAL HISTORY			
Medications		_Dosage	Times
Last Tetanus Shot Ov be given as needed.	er the counter medications	with the exception of	ma
Allergies (Medications, Food, Bug Bite	es, Etc.)		
Do you wear glasses or contacts (please	e specify)		
Describe in detail the nature of seven limitation, handicap, disability, or condition if any, action or protection is required of seizures, bleeding, clotting, in aware)	lition to which you are subjon account thereof. (Specify jection requirements,	ect and of which the church conditions such as, but notet. about which	ch should be aware, and what of limited to, asthma, diabete the church should be
Are swimming and/or other explain_	activities restricted	for any reason?	Y/N If yes, pleas

-MEDICAL RELEASE: In the event that I am unable to help myself in an emergency at any point during the duration of the First Presbyterian Church August 2025 Guatemala Mission Trip ("Mission Trip"), I hereby give my permission to the physician(s), dentist(s) or other healthcare provider(s) selected by church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for me as deemed necessary.

-LIABILITY RELEASE: Signing of this form constitutes agreement by me to assume and accept all risks and hazards inherent in church-related programs, outgoings, and social activities and to release The First Presbyterian Church of Fort Dodge, Iowa ("First Presbyterian Church") its employees, officers, Session, board, agents, volunteer assistants, and all other persons or entities, including other Mission Trip participants from any and all liability for damages, losses, or injuries to the person or property of the undersigned.

I, the undersigned, wish to voluntarily participate in the aforementioned Mission Trip. In consideration for being permitted to participate in the Mission Trip, beginning the 5th day of July 2025, I, the undersigned, fully recognize and assume the risk of the dangers and hazards inherent in the Mission Trip and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the Mission Trip. I hereby voluntarily agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, First Presbyterian Church, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above-mentioned Mission Trip.

I have read the release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify First Presbyterian Church for any and all liability/expenses incurred by it in connection with any injuries, damages, or losses I may experience. (Sign Below)

-RULES AND BEHAVIOR EXPECTATIONS: 1) No use of alcohol or tobacco by those under the legal age and no use of drugs permitted. 2) Participation with the group is expected. 3) Respect others, staff, adult leaders, and property. 4) Respect and comply with event schedules. FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN YOU GETTING SENT HOME <u>AT YOUR OWN EXPENSE</u>. Remember, we are representing not only our church, but our faith as a whole and our country.

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	a, the church website, and promotional flyers, videos and other yterian Church with any questions or concerns.
	Initials:
·	or participation in a wide variety of activities during the First on Trip. Please read carefully and clarify any concerns with the
Printed Name:	
Signature	Date