PRINT FORM

ADULT MTW Release Form

Participant – please complete ALL information requested, give completed form to your team leader.

Team Leader – please review and sign each form; send copy to MTW by May 1 and take original to the project.

Participant's Name: _____ Project Location: _____

Date of Birth *(mo/day/yr)*: _____ Project Dates: _____

Gender (male/female): _____ Church: _____

Address: _____ Church City/State: _____

City, State, ZIP: _____ Team Leader: _____

Home Phone: _____ Email: _____

Alternate Emergency Contact Name and Phone: _____

PROJECT INSURANCE COVERAGE and REQUIREMENTS

1. WHAT WE PROVIDE

MTW Short-term provides $75,000 Travel Medical Coverage for each participant. This includes emergency evacuation expenses when necessitated by circumstances occurring more than 50 miles from home. This coverage is provided for all participants in the short-term program and is included in the project cost.

2. WHAT WE REQUIRE

MTW's project insurance acts as a secondary coverage. **Each participant is required to have his/her own primary** medical coverage. For international projects, the primary coverage must cover them while overseas. Any participant, who does not have a primary medical insurance policy, must apply for supplementary coverage. Recommendations have been provided to your team leader.

Please indicate the status of your primary medical insurance:

US Projects:

- ❑ "I do have a primary medical insurance policy." **Insurance Company:** _____
- ❑ "I do not have a primary medical insurance, but I am applying for supplementary coverage."

RELEASE OF LIABILITY (US and international projects)

"I am aware of the inherent risks and dangers in traveling to and ministering in other countries and the potential risks to myself and my property as a result of participation in the _____ project (including but not limited to illness, injury, acts of terrorism, death, robbery, kidnapping, or other loss or destruction of life or property). I fully assume these risks, understanding that MTW cannot be responsible for any personal loss or disaster that I may experience in connection with my volunteer ministry service to MTW. I hereby agree to waive and release any and all claims and causes of action for damages or other relief that I may have against **MTW, the Presbyterian Church in America, my sending church/organization**, any of their affiliated or member entities, and their respective officers, directors, employees, agents, attorneys, or representatives, based on my volunteer services for MTW. I acknowledge personal responsibility for my own actions outside the direction of ministry personnel, or the scope of this ministry project or program. I understand that this release of liability is effective only as it applies to, and as interpreted by the laws of the countries involved."

Have you ever been accused or convicted of child sexual abuse? Yes ☐ No ☐

Signature of adult participant: _____ **Date:** _____

MTW RELEASE FORM - ADULT PARTICIPANTS

MEDICAL HISTORY

As a project participant, you are asked to give the following health information, in order for the project leadership to be aware of any risk your participation may create. Project leaders are free to require a doctor's release statement if a serious health problem exists. Failure to provide known information will release both the team leader, Mission to the World, and project leaders from responsibility arising due to complications brought on by the activities of this project.

A. Please check any conditions for which you have been treated or seen a physician.

☐	Heart Trouble	☐	Kidney Stone or Infection	☐	Digestive / Intestinal Disorder
☐	Heart Murmur	☐	Bladder Stone or Infection	☐	Colitis
☐	Abnormal Pulse	☐	Gall Bladder Disease	☐	Ulcer
☐	Rheumatic Fever	☐	Internal Bleeding	☐	Gout
☐	Chest Pain	☐	Prostate Trouble	☐	Deformity / Amputation
☐	Stroke	☐	Sugar, Albumin, Blood or Pus in Urine	☐	Skin Disorder
☐	High Blood Pressure	☐	Psychiatric Problem	☐	Hernia
☐	Hardening of the Arteries	☐	Emotional / Nervous Problem	☐	Disease of Eyes
☐	Diabetes	☐	Epilepsy / Convulsion	☐	Disease of Ears
☐	Circulatory Disorder	☐	Other Nervous System Disorder	☐	Disease of the Nose / Throat
☐	Blood Disorder / Disease	☐	Cancer / Tumor	☐	Bronchitis
☐	Hepatitis	☐	Dizziness / Loss of Consciousness	☐	Tuberculosis
☐	Anemia	☐	Frequent Headaches	☐	Other Lung Disorder
☐	Thyroid/other Gland Problem	☐	Arthritis	☐	Asthma
☐	Cirrhosis / Liver Trouble	☐	Sciatica	☐	**Allergy - Recurring****
☐	**Pregnant** (currently)				

******* *If you are allergic to **bee stings**, please bring a current bee sting kit and/or prescription medication to the project.*

B. Please explain any conditions listed above that you have been **diagnosed with or treated for in the past five years**. (Include date of last treatment or office visit for each item checked).

C. What **medication**, if any, will the participant be taking during the project (and for what purpose)?

D. IMMUNIZATIONS AND MEDICAL CONSENT

1. "I have had all routine immunizations, *(dT-diphtheria, tetanus, MMR-measles, mumps, rubella, and polio)*."
   ☐ Yes ☐ No
2. "I have had a tetanus booster within the past 10 years."
   ☐ Yes ☐ No, but I will have by the beginning of the project.
3. "I have checked with my doctor, the CDC, or a travel clinic and am aware of the immunizations recommended and required for the area to which I will be traveling." ☐ Yes ☐ No
4. "**In the event of a medical emergency**, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional."

Signature of adult participant: _____ **Date:**_____

Form Reviewed by (Team Leader signature): _____ **Date:**_____