

# RENEWAL FORM



## Short-Term Missions Application

Please answer the following questions to help the River of Life Short-Term Missions Team evaluate and determine your participation in a mission trip. Prompt submission of your application is requested by the deadline date – all applications not received by that date will not qualify. Complete all sections to the best of your ability.

Please return your completed application to:

**River of Life**  
525 S. Boulevard  
Idaho Falls, ID 83401  
[office@riveroflifef.org](mailto:office@riveroflifef.org)

MISSION TRIP INFORMATION	
Trip for which you are applying:	
Date(s) of Intended Trip:	
Individual Participant Cost, if any:	

PERSONAL INFORMATION				
Name <i>(as it appears on passport):</i>				
Street Address			Unit #	
City		State		Zip
Phone		E-mail Address		
Date of Birth		Citizenship		
Occupation				
The following is required if this trip is to another country:				
Passport#:		Expiration Date:		
If you are not a U.S. citizen, will the host country grant you a visa?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

**ATTENTION:** Please fill out this form if you have participated in a River of Life short-term mission trip within the last two years. If you are new to a River of Life short-term mission trip or it has been more than two years since you participated, please fill out a long form. If your medical information, driver's license, and/or insurance card has changed please use the attached form to update this information.

## Short-Term Missions: Release and Waiver of Liability

I, the undersigned, will be participating in a short-term mission trip to \_\_\_\_\_  
(hereafter the "mission trip") on or about \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **River of Life** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **River of Life**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **River of Life**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **River of Life** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand and acknowledge that **River of Life** does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

### Participant:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian (if under 18):

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

# Medical Form

## TRAVELER'S INFORMATION

Name:

Date of Birth:

## EMERGENCY CONTACT

Name of Emergency Contact:

Relationship:

Address:

City/State/Zip

Emergency Phone Number or Cell:

## MEDICAL INFORMATION

Health Conditions or Illnesses (diabetes, high blood pressure, arthritis, etc.):

Food allergies:

Allergies to medications:

1. Are you currently ill or undergoing medical treatment (including medications)? Yes  No   
*If yes, explain.*

2. Do you have any allergies (foods, medications, hay fever, etc.)? Yes  No   
*If yes, explain.*

3. Do you have any daily mandatory medical needs (including medications)? Yes  No   
*If yes, explain.*

Yes  No

4. Are you physically handicapped?  
*If yes, explain.*

5. Do you have any problems not already mentioned that might hinder your participation in this missions trip?  
*If yes, explain.*

Yes  No

6. Do you have any special dietary needs/requirements?  
*If yes, explain.*

Yes  No

7. What is your blood type?

8. Date of last tetanus shot?

9. Describe your current health insurance coverage. (Please provide a copy of your insurance card and driver's license.)