



# SENDING HOPE INTERNATIONAL

RELEASE FORM

## Short Term "Trip of Hope" Adult Release

7319 Burbank Road

Wooster, Ohio 44691

[www.sendinghopeinternational.org](http://www.sendinghopeinternational.org)

330-464-2607

## Adult Release Form

I do hereby, for myself, my heirs, executors and administrators waive and release all rights and claim for damages I may have against Sending Hope International ministries and any additional hosts, sponsors or their respective officers, agents, representatives and successors, for any and all illness, injuries or damages sustained or suffered in said association with, or entry in and/or arising out of my participation in the ministry trip. I attest that I have full knowledge of the risks involved, I authorize that Sending Hope International ministry's leadership use their best judgment in acting on my behalf, including the administration of emergency medical treatment by available medical personnel. I will hold the medical personnel, the leaders and Sending Hope International ministries harmless of their action in such a situation. I will also not hold Sending Hope International ministry responsible for any lost or stolen items in which I bring to the trip.

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

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

Date received \_\_\_\_\_

### Emergency Information:

In case of emergency, please contact the following:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other# \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other# \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other# \_\_\_\_\_

Additional information that might be helpful in an emergency:

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Health Issues \_\_\_\_\_

Hospital Plan \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Date of Last Hepatitis A Shot \_\_\_\_\_

Date of Last Hepatitis B Shot \_\_\_\_\_

**\*Sending Hope International strongly encourages ALL immunizations before traveling to Asia.**



# SENDING HOPE INTERNATIONAL

RELEASE FORM

## Short Term "Trip of Hope" Parental Release

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**\*This form should be completed by the parent of a participant under age 18.**

Your thorough answers to the following questions will help us in working with your son or daughter on the ministry trip for which he/she has applied. Thank you!

How do you feel about your child going on a ministry trip?

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What are your child's strengths and how can they contribute to a ministry team?

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What can you tell us that will help in working with your child on a ministry trip?

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Name of student applicant \_\_\_\_\_

Printed Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date signed \_\_\_\_\_

Date received \_\_\_\_\_



# SENDING HOPE INTERNATIONAL

RELEASE FORM

## Parental Release Form

I do hereby, for myself, my heirs, executors, and administrators, waive and release all right and claim for damages I may have against Sending Hope International ministries and any additional hosts, sponsors, or their respective officers, agents, representatives and successors for any and all illness, injuries or damages sustained or suffered by my child in said association with, or entry in and/or arising out of his/her participation in the ministry trip. I attest that I have full knowledge of the risks involved, and if I am unable to be reached, I authorize that Sending Hope International ministry's leadership use their best judgment in acting on behalf of my child, including the administration of emergency medical treatment by available medical personnel. I will hold the medical personnel, the leaders, and Sending Hope International ministries harmless of their action in such a situation. I will also not hold Sending Hope International ministry responsible for any lost or stolen items which my child brings to the trip.

Child's Name \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date signed \_\_\_\_\_

Date received \_\_\_\_\_

### Emergency Information:

In case of an emergency, please contact the following:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell phone/other # \_\_\_\_\_

Additional information that might be helpful in an emergency:

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Health Issues \_\_\_\_\_

Hospital Plan \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Date of Last Hepatitis A Shot \_\_\_\_\_

Date of Last Hepatitis B Shot \_\_\_\_\_

*\*We **strongly** encourage ALL the above immunizations **before** traveling to Asia.*