

Eaglecrest Alaska Missions

Individual Registration / Permission Form

Name _____

Parent(s) or Legal Guardian(s) if under 18: _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Gender: M or F Birth Date _____ E-Mail _____

Church _____

Medical History

The Eaglecrest Alaska Missions trip can be a physically and mentally demanding experience. Are there any conditions that would hinder or prohibit your participation in activities?

Are you up to date on all immunizations?

Do you have any special medical or dietary needs or concerns (allergies)? Please describe below

Will you need to receive any prescription medications while on this experience? If yes, please list:

Health Insurance Information

Insurance Company _____ Policy Number _____

Medical Doctor _____ Phone Number _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

Legal screening procedures (please circle Y for yes and N for no)*

- Y N** Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? Answer "yes" if you have entered into a plea agreement, including a Deferred sentence or deferred judgment arrangement, in connection with a criminal charge. Please attach a statement of explanation, including nature of offense, date, and court where conviction was entered.
- Y N** Have you ever been reported to a social services agency, law enforcement authority, and child abuse registry, or similar organization regarding abuse or misconduct involving children? If so, provide a description of the circumstances and name and address of the entity receiving the report.
- Y N** Have you ever been reported for an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct? If so please describe the circumstances.
- Y N** Do you have any investigation, review, or disciplinary action pending by an employer, organization in which you volunteered, or professional association for sexual misconduct, violence, or misconduct involving children?

*This information is required because we will likely work with and serve children.

Functions and Activities

It is my understanding that participating in the Alaska ministry of Eaglecrest Alaska Missions is a privilege. Prior to participation, I acknowledge that this is a high adventure experience involving certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

I understand that the Alaska ministry is an intense program that requires sound physical and mental health. By signing this form, I expressly warrant that I, or the child named above, is capable of withstanding both the physical and mental demands of the Alaska ministry, and that I have been informed regarding the nature of these activities and demands. I also expressly assume all risks inherent in these activities, whether such risks are known or unknown to me at this time. I further release Eaglecrest Alaska Missions and its directors, leaders, employees, volunteers, and agents from any claim that I, or my child, may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against Eaglecrest Alaska Missions or its directors, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Eaglecrest Alaska Missions and its directors, leaders, employees, volunteers, or agents from any and all claims arising from me or my child's participation, in its activities and programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I, or the child named above, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Eaglecrest Alaska Missions to seek and secure any needed medical attention or treatment for myself or the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I further give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery if deemed necessary.

Publicity

Eaglecrest Alaska Ministries takes photographs and makes video recordings of participants involved in the Alaska ministry. Such photographs or recordings may be used by staff and participants to remember the experience. In addition, such photographs and recordings may be used in Eaglecrest Alaska Missions publications or advertising materials to let others know about our ministry. I consent to the use of any photograph or recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents see fit. This consent includes but is not limited to photographs, videotape, and audio recordings.

Applicant Signature (if 18 or older) _____ Date _____

For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above information and am fully familiar with the contents thereof. I give permission for the child named above to participate in the Eaglecrest Alaska Missions ministry. In consideration for allowing the participation, I hereby consent to the terms of this form, including the Release of Liability above, on behalf of the child, and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent / Guardian _____ Date _____

Young Person's Agreement

I agree to fully participate in the functions and activities of Eaglecrest Alaska Missions, to cooperate with the leaders and other participants, and to conduct myself as a Christ-follower. I promise to respect God, other participants, and myself throughout the trip. I understand that my continued participation in the Alaska ministry depends on my support of this agreement, and that any violation of this agreement may result in my early departure home at my parent's expense.

Signature _____ Date _____