



**LAS VEGAS  
Mission Trip Application**

**December 14-19, 2009**

**PERSONAL INFO:**

Full Legal Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_Male \_\_\_\_Female

I am a (circle one): College FR SO JR SR GRAD

Name of College (if attending): \_\_\_\_\_

**MEDICAL HISTORY:**

Do you presently, or have you ever, suffered from any of the following:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Migraines       | <input type="checkbox"/> Knee Injury | <input type="checkbox"/> Asthma        |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression  | <input type="checkbox"/> Eye Cataracts |
| <input type="checkbox"/> Back Injury     | <input type="checkbox"/> Allergies   |  |

Other: \_\_\_\_\_

If you have checked any of the above conditions, please explain: \_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Are you currently on any Prescribed Medication?  Yes  No

Name: \_\_\_\_\_

Would you require special housing, diet, or other special considerations while traveling? \_\_\_\_\_

If so, what (please be specific) \_\_\_\_\_

\_\_\_\_\_

Please indicate most recent dates of the following immunizations:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Tetanus

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hepatitis A

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hepatitis

**Please answer the following questions:**

Tell us about yourself. What are your hobbies? What do you like to do for fun? How can you use these talents on this trip? Do you like to build? To teach? To play sports? To play music?

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What are your goals for this trip? What do you hope to learn and accomplish?

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Have you been on a mission trip before? Tell us about your experiences.

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We are excited to have you join us on this trip! Upon completion of this form, mail it, along with a money order or check for a \$100 non-refundable deposit, to:

**Current of Tampa Bay  
19046 Bruce B Downs Blvd.  
#160  
Tampa, FL 33647**

## **Video Release Form**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I grant Current of Tampa Bay the non-exclusive, irrevocable right to record (on tape or film) my name, likeness, voice, and/or performance ("Materials") and to exhibit the Materials solely as part of, and in connection with, a documentary television program.

I understand that the Program or any other part thereof could be distributed via any media, throughout the world, in perpetuity, without limitation of any kind. The Materials may also be used in advertising, publicity, and promotion of the Program.

I confirm that, to the best of my knowledge, any statements I make during my interview are true and will not violate or infringe the rights of any party. I release and indemnify Current of Tampa Bay in connection with respect to any claims arising out of the Materials.

I will make no claims against Current of Tampa Bay or its successors or licensees in connection with my participation in the interview and/or the rights outlined in this document.

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SIGNATURE

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PRINT NAME

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ADDRESS

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CITY, STATE, ZIP CODE

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EMAIL

## **Medical Release Form**

I understand that any travel, volunteer work, or other activities I undertake in connection with Current of Tampa Bay and her partners, involves inherent risks to my property, health, and life and I further understand the nature of such risks. No principal, officer, agent, employee, or other person associated with or acting on behalf of Current of Tampa Bay has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.

The undersigned recognizes and acknowledges that Current of Tampa Bay is a organization engaged in various mission activities. The undersigned, for himself/herself does hereby freely and knowingly waive any and all actions, causes of actions, claims, and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of any endemic diseases, costs, damage, or expense for any act or omission on the part of Current of Tampa Bay or any of its officers, agents, servants, or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of the undersigned volunteer or of Current of Tampa Bay. The undersigned realizes that activities which he/she intends to pursue may entail some amount of risk or possible danger and desire to personally assume such risks.

I enter into this agreement freely and voluntarily in consideration of the permission to participate in the activities described herein and of the benefits associated with such activities. I understand that this agreement is contractual and binding upon me. I have read this document and understood and agreed to all of its contents before signing it.

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Participant

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Parent or legal guardian signature if participant is under 18

Physician: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_