

MEDICAL/LIABILITY RELEASE FORM

For Applicants 18 years old or older

This form must be completed and returned to the camp at least two weeks before camp begins.
Mail to: Crossing Borders, PO Box 150441, Longview, TX 75615-0441. Save a copy for your records.

APPLICANT INFORMATION:

Applicant's Name _____ Date _____

Address _____ Birthdate _____

Address _____

Phone _____ E-mail _____

INSURANCE INFORMATION:

Insurance Company _____ Group # _____

Ins. Co. Address _____

Subscriber's Name _____ Birthdate _____

Subscriber Ins. ID# _____ Ins. Co. phone _____

Subscriber's Employer _____

Employer's Address _____

EMERGENCY CONTACT INFORMATION:

Who should we notify in case of an emergency? Name _____

Relationship to Applicant _____ Phone(s) _____

MEDICAL ISSUES: (disclosure will only be shared with group leaders or health care professionals, if needed)

Please list any medical problems you have: _____

Are you under the care of a physician due to physical conditions we may need to know about?

If so, explain: _____

Do you have any physical limitations of chronic concerns that limit your activity? If so, explain:

Are your immunizations up to date? (circle one) **Yes** or **No**
(There are no special immunizations required for travel into Mexico)

List (with dosage) any prescription medication you take on a regular basis:

List any allergies to foods or medications: _____

When was your last tetanus vaccine? _____
(No immunizations are required for travel into Mexico, so you don't need to have had a tetanus shot. We just need to know in case you need medical treatment that might involve tetanus).

CONSENT AND RELEASE:

I, _____, do release Crossing Borders, Grace Communion International, Laredo Stepping Stone, Mex Quest International and all affiliated organizations, and/or sponsoring churches, and all staff of any responsibility for accidental injuries, sicknesses or incidents sustained during our stay at LSS and any trips involved therein, be it into Mexico or stateside, run by Crossing Borders or affiliates. I do hereby give the above-mentioned camp entities permission to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery as deemed necessary and in accordance with the previously stated medical history. I also agree to abide by terms and regulations of conduct prescribed by Crossing Borders and related entities, and I realize that I may be asked to leave at any time at my own expense for flagrant violations of those terms and conditions. I also grant permission for the camp entities to use in their publications any video or photo images taken of myself at any camp event.

Applicant, please sign below in the presence of a Notary Public:

Signature _____ Date _____

NOTARY INFORMATION:

I, _____, a Notary Public for said county and state, do hereby certify that _____, personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____ .

(notary seal)

Notary Public signature