

Health Information, Medical Treatment, and Liability Permission Form
Bob Tebow Evangelistic Association
Philippines Trip 2010

Name _____ Date of Birth _____

Date of Tetanus Immunization _____

Have you had your appendix removed? Yes No

Do you have any allergies (medicine or food)? Yes No

If YES, what? _____

Please list any recent illnesses, surgeries, etc. _____

Do you have any chronic illnesses (diabetes, celiac, etc.)? If so, is it manageable? Please explain. _____

Are you currently or have you been under a doctor's care in the past year? If so, please explain. _____

Female Applicants: Is there a possibility that you could be pregnant? Yes No

Emergency Contact Info

Name _____ Relationship to applicant _____

Home _____ Cell _____ Work _____

Name _____ Relationship to applicant _____

Home _____ Cell _____ Work _____

Release for Liability and Hold Harmless Agreement

I agree that my participation in the foreign or domestic activity in the Philippines will be voluntary. I understand that such participation carries risks inherent both to the activities and the location of activities. For myself and all others who would claim under me, I release from all liability and hold harmless the Bob Tebow Evangelistic Association, its trustees, employees, and agents, from any liability for loss, injury, or damage to my person or property which may result from any participation.

I authorize any doctor or hospital to treat me for injury or illness while on this trip. I further assume obligation for doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of this activity.

Signature of Participant OR Guardian if Under 18 _____ Date _____

Witness (Must sign at time of participant/guardian signature) _____ Date _____