

Medical Profile/Release Form
Bob Tebow Evangelistic Association (BTEA)

Name _____ Date of Birth _____

Date of Tetanus Immunization _____ Do you have any allergies (food/medicine)? ☐ Yes ☐ No
If yes, what are they? _____

Please list all medications that you will be taking while you are in the Philippines:

Medication	Dosage (amt/how often)	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a chronic illness (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? Please list any recent illnesses, surgeries, etc.: _____

Have you ever had problems with the following: ☐ Eating disorders ☐ Fainting spells ☐ Diabetes
☐ Seizures/neurological issues ☐ Respiratory Problems ☐ Heart Problems ☐ Physical Challenges
If so, please explain: _____

Please note that the air in the Philippines is very polluted, which can really irritate respiratory problems.

Do you require a special diet (vegetarian/gluten-free/other)? _____
Please note that fresh fruits and veggies are not always readily available; the team will primarily eat fast food or chicken and rice

Do you have a condition that may affect your ability to fully function on this trip (eating disorders, depression, anxiety, sleeping disorders)? _____

Emergency Contact Info

Name _____ Relationship to applicant _____

Cell _____ Home _____ Work _____

Name _____ Relationship to applicant _____

Cell _____ Home _____ Work _____

Release for Liability and Hold Harmless Agreement

I agree that my participation in the foreign or domestic activity with BTEA 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 (guardian must sign if under 18)

Date

Witness (must sign at time participant signs)

Date