

CHRISTIAN EXPERIENCE

Please describe how you came to know Jesus Christ as your Savior:

What are your habits of Bible study and prayer? How have you grown spiritually in the last year?

How regularly do you attend church/church-related activities? Are you involved in other ministries outside LMCM?

In the last year have you used tobacco, alcoholic beverages or drugs? Yes No
If yes, please explain how recently, how frequently, and in what quantities.

EMERGENCY CONTACT

Name _____ Address _____

Phone Numbers _____ Relationship _____

Please return your completed Application, Health Questionnaire, and Release and Assumption of Release forms to: Living Hope Ministries, 12700 Hillcrest Rd, Ste 254 Dallas, TX 75230

RELEASE AND ASSUMPTION OF RISK FORM

1. I acknowledge that I have voluntarily applied for enrollment in the above listed short term mission trip and in consideration of being permitted to participate in such trip, do voluntarily execute this "Release and Assumption of Risk" in behalf of myself, my heirs and next of kin, my personal representative and my estate.
2. I acknowledge that I have been fully informed of the nature, scope and demands of the trip, and that I have met all of the prerequisites required for participation in this trip.
3. short-term mission trips usually involve a number of risks that may not be covered by insurance. The form below is for use by volunteers of Living Hope Christian Ministries (LHCM) who participate on a trip that involves travel inside and outside of the United States. It is quite likely that LHCM will not have insurance to cover injuries or accidents that occur on such trips, and typically, LHCM has no means of adequately supervising all activities involved on the trip. As a result, LHCM may ask volunteers who participate on such trips to assume all risks associated with them as a condition of their participation. In such cases, a form similar to this one is often used.
4. I am aware of the hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks, and, subject to any insurance coverages that may be available to me from any source, and only with respect to LHCM and its agents, officers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release said LHCM and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions trip. I further recognize that such risks have always been associated with missionary service. 2 Corinthians 11:23-28.
5. I understand that every care and attention will be given to the health and comfort of the members/volunteers, but LHCM or its staff cannot be held liable for any injuries sustained which were not directly caused by their failure to take due care.
6. I hereby authorize the leader of the trip to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility, including in excess of the benefits allowed by provincial health insurance plans:
 - a. Where the health and well being of the applicant is involved.
 - b. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there was insufficient time to contact such parent or guardian. It shall be at the discretion of the leader of the trip as to what action must be taken for the welfare and safety of the member/volunteer.
7. I declare that I am in good physical health and believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated activities of this trip.

- 8. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property or property issued to me by LHCM, while I am participating in the trip and, in furtherance thereof, I agree to indemnify and hold harmless LHCM, and its employees, from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, or to my personal injury, or death, which may occur or result directly or indirectly from my participation in the activity, and which results from causes beyond the control of and without the fault or negligence of LHCM and its employees.
- 9. I agree to abide by the rules and regulations imposed on participants by the agency and its staff.
- 10. I agree that I will be cooperative and helpful to and with all other participants in the trip and will not be disruptive of the objectives established for the trip or as may be designated by the staff or group consensus.
- 11. I request that this "Release and Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Texas, and if any portion thereof is held invalid, I request that the remainder continue in full force and effect.

Date

Date

Signature

Signature of Parent/Guardian (if under 18)

Street Address

Street Address of Parent/Guardian

City, State, Zip

City, State, Zip of Parent/Guardian

IMPORTANT: Please have 2 witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.

Witness

Witness

Address

Address

City, State & Zip

City, State & Zip

Name: _____

Date of Birth (dd/mm/yy): _____

Height: _____

Weight: _____

Blood type: _____

Date: _____

Yes	No	DO YOU HAVE, OR HAVE YOU HAD ANY OF THE FOLLOWING DISEASES OR PROBLEMS?	Yes	No	ARE YOU REGULARLY TAKING ANY OF THE FOLLOWING?
___	___	1. Rheumatic fever	___	___	1. Anticoagulants (blood thinners)
___	___	2. Heart trouble, Heart attack, Angina	___	___	2. High blood pressure medications
___	___	3. High blood pressure	___	___	3. Cortisone (Steroids)
___	___	4. Chest pain	___	___	4. Anticonvulsants (Seizure medicines)
___	___	5. High Cholesterol	___	___	5. Insulin or other drugs to control blood sugar
___	___	6. Lung or breathing problems	___	___	6. Thyroid Hormone
___	___	7. Asthma	___	___	7. Nitroglycerin
___	___	8. Hives or Eczema	___	___	8. Digitalis or other drugs for heart trouble
___	___	9. Allergies (foods, animals, medicine, pollens)	___	___	9. Hormone supplements
___	___	10. Fainting spells	___	___	10. Antidepressants
___	___	11. Seizures	___	___	11. Sedatives or Antipsychotics
___	___	12. Liver disease	___	___	12. Any other regular medication
___	___	13. Thyroid problems			
___	___	14. Arthritis or Autoimmune disorder			IN THE PAST TWO YEARS HAVE YOU?
___	___	15. Joint replacement	___	___	13. Been admitted to a hospital
___	___	16. Ulcers	___	___	14. Been in an accident
___	___	17. Kidney problems	___	___	15. Been under medical care for serious illness
___	___	18. Kidney or other organ transplant	___	___	16. Been in psychiatric care
___	___	19. Tuberculosis (TB)	___	___	17. Seen a counselor regularly
___	___	20. Anxiety or Depression	___	___	18. Adopted a child
___	___	21. Chronic Fatigue			
___	___	22. Are you pregnant/ think you might be pregnant?			
___	___	Do you have any other disease, condition or problem you think we should know about?	___	___	Do you have any health problems or physical limitations that might hinder your work in a different climate, high altitude or adverse living conditions?

If you answered yes to any of the above questions, please give a brief explanation below. List any medications you would be taking along on the trip, along with any other dietary restrictions.
