

Participant Form

Note: All participants must complete this form and have it notarized to be eligible to participate in the Botswana Project. This form includes a Medical Release, Model Release, and Minor Release. **ALL SELECTIONS MUST BE COMPLETED FOR ELIGIBILITY.**

Group leaders are responsible for bringing both copies of this form to the project site. Please print legibly.

Participant Info	Name (Last) _____ (First) _____		Date of Birth _____		Age _____	Sex _____
	Home Address _____			City _____	State _____	ZIP _____
	Home Phone _____		Work Phone _____		Grade Completed _____	
	Passport # _____		Country/State of Issue _____		Date of Expiration _____	
	Emergency Contact: _____		Email _____		Day Phone _____	Night Phone _____
Project Info	Role (check one): <input type="checkbox"/> High School Participant <input type="checkbox"/> Collegiate Participant <input type="checkbox"/> Adult Participant <input type="checkbox"/> Group Leader <input type="checkbox"/> Staff					
	Group Leader: _____ Project Location: _____ Travel Dates: _____					
Medical Profile	Generally, my health is (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
	If Fair or Poor , please explain your condition: _____					
	List any medical difficulties for which you are CURRENTLY being treated: _____					
	List any medication you are CURRENTLY taking: _____					
	List any medicines or substances to which you are ALLERGIC: _____					
	What over-the-counter medications would you allow IWC to administer to the Participant if needed (example: Tylenol, Ibuprofen, anti-diarrheal, laxative, Benadryl, antihistamine, Pepto-Bismol)? _____					
Authorization for Treatment/Release of Claims	Family Physician: _____ Physician's Phone: _____					
	Physician's Address: _____					
	Date of Tetanus Immunization : _____ (Must be within past 10 years) Date of Hep A Immunization : _____					
	I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the Group Leader and the physician or hospital staff during the Botswana Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of Mt. Zion Baptist Church from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age) and do certify I have secured primary medical insurance (for myself or my child under 18 years of age). I understand that supplemental medical insurance is provided for each participant through Gallagher Charitable International Insurance. Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.					
	I, the undersigned, do hereby consent and authorize Mount Zion Baptist Church or any of its representatives, to use and reproduce photographs, film, video or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow Mount Zion Baptist Church to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive any right that I may have to approve the photographs, film, video or other electronic imaging or background copy which may be used or to approve the use to which it may be applied.					
	Mount Zion Baptist Church of Huntsville, AL, _____ wholeheartedly recommends the above person to the IMB as sound in his/her faith and spiritually equipped to serve on this volunteer project.					
Participant Model Release	Pastor/Leader Signature _____ Date _____					
	I, the undersigned, do release my child to travel with the designated Group Leader to the designated location. I guarantee that my child is able to provide funds for the travel expenses and return to the U.S.					
Please complete and sign below (youth 17 and under requires both parent/custodial signatures).						
Participant's Signature: _____ Date: _____						
Father/Custodial Parent Signature: _____ Phone: _____ Date: _____						
Mother/Custodial Parent Signature: _____ Phone: _____ Date: _____						
Notary Public						

On this _____ day of _____ of 20____ the above personally appeared before me, _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____, 20____. My commission expires _____.

Notary Public