



## Required Participant Forms

Dear Short Term Missions Participant,

We are excited about your time and presence with us in Costa Rica. La Montaña Christian Camps is impacting the youth of a continent with the transforming message of Jesus Christ and we are glad you will be part of what God is doing here.

Please read over the following agreement forms. Outlined are expectations we have for you as a participant at La Montaña Christian Camps. Please sign them as you understand and agree with them.

We have a strong sense of responsibility to you, to our staff and campers in Costa Rica. Our goal is to work with youth to win and disciple them into a growing relationship with Jesus Christ. Overall, teams that come to us in Costa Rica have a reputation of helping us and being a part of this amazing ministry. We want to continue to assure this legacy.

Student/Parent Liability Release (**Required**)

Health Insurance & Medical Release (**Required**)

Once finished, please give these to your Group Leader, who scan and the remail them back to (me) the North American Director at the address below. These need to be received within 30 days of your group coming to Costa Rica.

*For His Kingdom's Expansion*

Ray Schwartz, North American Director

ray@lama4youth.org



**La Montaña**  
Christian Camps

A Ministry of Latin America Assistance

## Short Term Mission Team Member Application

Please return your completed application to the team leader by \_\_\_\_\_.

A small group from the congregation will determine whether you may participate on the team. They will notify you when they reach a decision.

Your name as it appears on your passport:

**Name:** \_\_\_\_\_ **Age** (optional): \_\_\_\_\_

**Address** (*exactly as it appears on your passport, driver's license, or birth certificate*): **INCLUDE ST. & ZIP**

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**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



## Liability Waiver Form

I understand that participation in La Montaña's short term mission experience, with opportunities to work alongside staff at the camp, participate in high adventure activities including, but not limited to ropes courses, archery, biking, trail hiking in the cloud forest, swimming, etc. involve risking bodily harm to the above-stated participant.

In signing below, I assume risk of harm or injury, which may occur to the participant as a result of participating in the above-named event or activity. I hereby release La Montaña Christian Camps and their partner, Latin American Assistance, and its officers, employees, or agents from any liability, costs and damages resulting this individual's participation.

I assure La Montaña that there are no health-related reasons or problems, which will preclude or restrict my participation in the short-term missions experience. I further assure La Montaña that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold La Montaña harmless for any such medical costs.

### **If the participant is a minor: (all sign if not a minor)**

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for La Montaña Christian Camps to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

*I understand that this Release means I am giving up, among other things, rights to sue the University, its governing board, employees, and/or agents for injuries (including death), damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.*

### **Name of minor (Or those 18 or older)**

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First	Middle	Last
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Street address

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City	State	Zip
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LEGAL CONSENT FOR MINORS (unaccompanied) TO TRAVEL/we hereby give my/our consent for the above-named person to travel outside the United States.

CONSENT FOR TREATMENT/we hereby agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary on the above-named person.

HEALTH AND ACCIDENT INSURANCE/we verify that the above-named person does have adequate personal coverage.

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Father/guardian signature Date(if applicant is under 18 years of age)

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Mother/guardian signature Date(if applicant is under 18 years of age)

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**Adult Signature if not a minor (18+)**

**Date**



### Emergency Medical information

Name: \_\_\_\_\_ Passport #: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any special medical conditions that we should be aware of during your trip? (Allergies, low or high blood pressure, etc.)

Do you have any special dietary needs?

List all prescription medication you are taking:

Insurance carrier:(Make sure your policy covers you overseas or purchase travel insurance).

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

In the event of a medical emergency, I hereby authorize those in charge to take me to the nearest licensed physician, medical center, or hospital to secure the necessary treatment to protect my well-being. I will be responsible for all medical costs not covered by my insurance.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_