



MIDWEST MISSION DISTRIBUTION CENTER

Assumption of Risk, Waiver, & Release From Liability

By submitting my name below, I acknowledge & state that my and/or my child agree to all the terms on the Assumption of Risk, Waiver & Release From Liability Form.

Signature: _____ Date: _____

If signing for a youth-Youth's Name: _____

Medical Release Form

Missionaries Full Name: _____ Age: _____

Address (City, State, Zip): _____

Personal Phone: _____ Email: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address (City, State, Zip): _____

Current Medications: _____

Allergies (i.e. Foods, Medications, Bee/Wasp Stings): _____

Special Health Concerns/Problems: _____

Medical Insurance

Company: _____ Phone: _____

Address (City, State, Zip): _____

In Case of Emergency, notify the below contact.

Full Name: _____ Phone: _____

Church Information

Name of church: _____ Phone: _____

Church Address (City, State, Zip): _____

Signature: _____ Date: _____