



INFORMATION & MEDICAL RELEASE FORM

Must be completed and returned with down payment.

Form must be updated yearly.

GENERAL INFORMATION:

FULL NAME (As appears on ID or Passport) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE WHERE YOU CAN BE REACHED/TEXT _____

BIRTHDAY _____ Male _____ Female _____

I understand that Get Real is a tobacco(in all forms), alcohol and drug free ministry/facility. Therefore, I agree to abstain from tobacco(in any form), alcohol or illegal drugs during my ministry time with Get Real.

Signed _____

Do you play musical instruments? _____ What? _____

T-shirt Size _____

MEDIA RELEASE:

GRM has the right to use my/ my child's photo or video footage for presentations, newsletters, publications and/or the website.

CIRCLE ONE: YES OR NO _____ SIGNATURE _____ DATE _____

INSURANCE INFORMATION:

Health Insurance Company _____ Policy _____

Number _____ Parent/ _____

Guardian _____ Phone _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Any health problems or major illnesses in the past

year _____

Condition(s) requiring medications-Please list meds

Any physical disabilities or limitations

Any known allergies/reactions

MEDICAL RELEASE:

In the case of unconsciousness or inability to release (Check one) _____ Myself _____ My Child, for medical treatment as a result of sustained injury, illness or accident on the Get Real Ministries Mission Trip/Activity, I _____ give my permission to Get Real, its staff, representatives and all attending health care professionals (including, but not limited to RN's, LPN's, Physicians Assistants, Doctors and Paramedics) to administer medical treatment, hospitalize, anesthetize or perform surgery as required.

I, _____, do agree to hold harmless, acquit and release Get Real Ministries, Inc. and its representatives from all actions, damages or liabilities arising from the treatment of any accident, injury or illness incurred during the mission trip/activity.

This release indicates that Get Real Ministries incur no liability whatsoever for any sustained injury/ accident or while attempting to meet all medical needs required during the trip.

Participant's

Signature/Guardian _____ Date _____/_____

RELEASE TO TRAVEL:

18 & Under Requires Parental/Guardian Signature

My Child has my permission to travel with Get Real Ministries, Inc. to:

Mission Location _____

Date: From _____ to _____

Parent or Guardian Signature Date _____ Date _____/_____