

# CARIBBEAN CHRISTIAN CENTRE FOR THE DEAF

## RELEASE FORM

The Caribbean Christian Centre for the Deaf desires your missions experience to be very meaningful and rewarding. You (or your parents/guardian if you are a minor) must complete this form and return to your L.I.F.E. team leader.

**L.I.F.E. Team Leaders should return a copy of each form to the CCCD US Office and keep each original form.**

### **REQUIRED INFORMATION:**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Additional emergency phone number: (\_\_\_\_\_) \_\_\_\_\_

### **1. PERMISSION FOR TRAVEL - FOR A MINOR**

As a parent or guardian, I give my permission for

(name) \_\_\_\_\_ to travel to

(location) \_\_\_\_\_ to participate in

The Caribbean Christian Centre for the Deaf L.I.F.E. Program on the following dates:

From \_\_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_\_

Signature of parents or guardian: X \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_

### **2. MEDICAL CONSENT - FOR ALL PARTICIPANTS - MINORS AND ADULTS**

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthetic by a licensed physician or health care professional for the individual named on this form.

Signature of participant, or parents/guardian (if under legal age):

X \_\_\_\_\_ X \_\_\_\_\_

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

Relationship to the participant: \_\_\_\_\_

Or note if self: \_\_\_\_\_

**3. INSURANCE - FOR ALL PARTICIPANTS**

I understand that The Caribbean Christian Centre for the Deaf (CCCD) does not provide primary or major medical insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the program. I am responsible for providing my own (or my child's) insurance coverage. CCCD provides limited travel insurance. It is not a major-medical policy. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expense not covered under the CCCD policy, should emergency transportation back home be necessary. As for medical insurance, I have the following coverage:

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Policy or group plan #: \_\_\_\_\_ ID # of the insured \_\_\_\_\_

The participant is the insured or a covered dependent of the insured. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a covered dependent, the name of the insured is \_\_\_\_\_.

X \_\_\_\_\_  
Signature of the insured Date

X \_\_\_\_\_  
Signature of minor or a covered dependent Date

**4. GUIDELINES FOR TEEN AND ADULT L.I.F.E. TEAMS**

I have received and read and understand the "Guidelines for Teen and Adult L.I.F.E. Teams" of the Caribbean Christian Centre for the Deaf and understand that I will be required to abide by these guidelines while on this short-term mission program. I understand that my failure to abide by these guidelines may result in my being required to withdraw from this short-term mission program at my expense. I hereby agree to abide by the guidelines, by signing the Release of Liability below.

**5. RELEASE OF LIABILITY – FOR ALL PARTICIPANTS – MINOR OR ADULT**

I am aware of the potential risks to myself and my property (or my child and his/her property) as I (or he/she) participate(s) in The Caribbean Christian Centre for the Deaf Mission Program. With such knowledge, I voluntarily release the Caribbean Christian Centre for the Deaf, the sending church:

\_\_\_\_\_ Church, their representatives and employees from all liability related to the activities of this program.

Signature of participant (or parents/guardians if under legal age):

X \_\_\_\_\_  
Name Date

X \_\_\_\_\_  
Name Date