

Liability Release Form

I, _____ acknowledge that I have voluntarily applied to participate in a short-term mission trip to Cameroon, to serve with the team Cameroon Arise (an associate of Ripe for Harvest World Outreach).

I am aware that I am going to serve in a developing country. I am aware that the mission trip poses risks including but not limited to: sickness, injury, contaminated food and water, illness, disease, pests, poor sanitation, hazardous transportation, crime, political instability, or injury. I am voluntarily participating in this missions trip, fully aware of these risks. I agree to accept responsibility for any and all risks that may result for my participation in this trip.

I authorize the staff of Cameroon Arise to make decisions to allow me the best possible care. I agree that any cost incurred will be my responsibility.

I agree to release Cameroon Arise and Ripe for Harvest, its directors and staff, and all associated parties, from any and all liability that may result to me personally or to my belongings.

In the event that it becomes necessary to seek medical assistance, I authorize those in charge to take me to the nearest (or most highly recommended) 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 16, signature of parent/guardian: _____

Emergency Contact Information

Your Name: _____

Name of Emergency Contact Person: _____

Relationship: _____ Email: _____

Day Phone #: _____ Evening Phone #: _____

If your family members need to get a hold of you in the event of an emergency, they can contact us by phone or email:

Samuel Weber:

Phone/WhatsApp: 011-237-681-37-01-61

Email: theunreached@gmail.com

Kelsey Weber:

Phone/WhatsApp: 011-237-677-42-15-34

Email: kelsey@myallforjesus.com

Medical Form

Full Name: _____ Age: _____

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

Do you have any special dietary needs or restrictions?

Have you ever experienced a negative reaction to any drugs (such as penicillin)?

List all medication (including natural remedies and supplements) you are currently taking or that you take regularly:

Is there anything else we may need to know about your current health condition or medical needs?